

MV-82



New York State Department of Motor Vehicles

VEHICLE REGISTRATION/TITLE APPLICATION

This form is also available on DMV's web site - www.nysdmv.comBatch
File No.

00625018

☐ Orig ☐ Activity ☐ Renewal ☐ Lease Buyout
☐ Dup ☐ Activity W/RR ☐ Renew W/RR ☐ Sales Tax Wk. Title

Old Plate	Old Class	3 of Name	Inx. Co. Code	Exp. Date
Scottlaw Case Number(s)	New Plate	New Class		
Special Conditions	AT PK RC RE SA SC EX SR FL SS GI SV IF MO NE NF NR NU OD OP OV PA			
Sales Tax Information	Status Value (\$)	Jurisdiction	Rate	Out of State Audit
Did you issue plates to this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Plate Number	Reg. Class	Date Temp Issued	Facility ID Number
Is there a lienholder? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", enter the information in Dealer Only box below. Attention: Lienholder's name, address, and phone number.				

INSTRUCTIONS → COMPLETE BOXES 1, 2, 4, 6 and 7. COMPLETE BOXES 3 AND 5 ONLY IF NECESSARY. PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.

1 WHAT DO YOU WANT TO DO? (See Form MV-82.1, Registering a Vehicle in New York State, for more information.)

☒ REGISTER this vehicle for the first time ☐ CHANGE a title (see box 3)

For the following options, please enter PLATE NUMBER

☐ RENEW Registration ☐ CHANGE Registration (see box 3)

☐ REPLACE lost registration items ☐ TRANSFER Plate Number to this Vehicle ☐ LEASE BUY-OUT

☒ TITLE ONLY for a 1973 or newer vehicle

2 CLIENT ID NO. (from Driver License of first registrant listed below)

NAME OF REGISTRANT (Last, First, Middle)
GROUP TRAVEL SOLUTION INC

NAME CHANGE? ☐ YES (see box 3) ☒ NO

ADDRESS CHANGE? ☐ YES ☐ NO

Is this registration for a corporation or partnership? ☒ Yes ☐ No

How was the vehicle obtained?
☐ New ☐ Leased New ☒ Used ☐ Leased Used

DATE OF BIRTH Month Day Year

SEX ☐ M ☐ F

DAY PHONE NO. (Optional) Area Code

ADDRESS WHERE YOU GET YOUR MAIL (Include Street Number and Name, Rural Delivery and/or box number. This address will appear on the document.)
391 EMPIRE BLVD

Ap. No. City or Town State Zip Code County of Residence
BROOKLYN N Y 11225 KINGS

ADDRESS WHERE YOU LIVE (If different from mailing address. DO NOT GIVE P.O. BOX.)

Ap. No. City or Town State Zip Code

3 OWNER CLIENT ID NO. (from Driver License)

NAME OF CURRENT OWNER (Last, First, Middle)

DATE OF BIRTH Month Day Year

OWNER'S DAY PHONE NO. (Optional) Area Code

ADDRESS WHERE OWNER GETS MAIL (Include Street Number and Name, Rural Delivery and/or box number)

Ap. No. City or Town State Zip Code County

AUTHORIZATION: The registrant named in box 2 is authorized to register the vehicle described in box 4.

(Owner's/Authorized Signature-Co-owner's Signature if applicable) (Date)

4 VEHICLE IDENTIFICATION NUMBER
1GBFH15TX61132282

VEHICLE DESCRIPTION Year Make
2006 CHEVROLET

Body Type For Cars
☐ 2-Door ☐ 4-Door ☐ Convertible ☐ Station Wagon/ Suburban ☐ Other

Body Type For Other Vehicles
☐ Pickup ☒ Van ☐ Motorcycle ☐ Tow ☐ Trailer ☐ Other

Color GY **Unladen Weight** 6800

Type of Power (Fuel)
☒ Gas ☐ Diesel ☐ Electric ☐ Flex ☐ CNG ☐ Propane ☐ None

Cylinders **For trailers & commercial vehicles Max. Gross Weight** **Seating Cap.** **Odometer Reading in Miles** 67600

Vehicle's ODOMETER has room for how many numbers (5, 6 or 7 - do not include dashes)?

For commercial vehicles Axles Distance

Lien Filing Code (Assigned by DMV)

Lienholder Name and Mailing Address

Mileage Brand Prior Owner

Proof Submitted (Name and Ownership)

Reg/Title **State**

Approved By **Date**

Signature/Response **Operator**

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PAGE 1 OF 2

JUN 23 2011

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CHANGES - To change information on a current registration and/or title, be sure to enter the new information on Page 1 of this form.
 Registering a Vehicle in New York State, for more information.)
 NAME CHANGE: Print former name exactly as it appears on the current registration or title.

CHANGES: Describe any vehicle changes and the reasons for the changes.

6

ADDITIONAL VEHICLE INFORMATION

QUESTIONS 1-3 **MUST BE COMPLETED.**

- I certify that, to the best of my knowledge, this vehicle ☐ has been or ☒ has not been wrecked, destroyed or damaged to such an extent that the total estimate, or actual cost, of parts and labor to rebuild or reconstruct the vehicle to the condition it was in before an accident, and for legal operation on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss. (Checking the "has been" box means the vehicle must have an anti-theft examination before being registered, and that the title issued will have the statement "Rebuilt Salvage" on it.)
- Is this vehicle registered for your own personal use? ☒ Yes ☐ No
 If "Yes", go to question 3 below. If "No", check any of the following boxes that apply:
☐ It is a passenger vehicle to be used for hire with a driver and operated in:
☐ New York City ☐ A jurisdiction other than NYC, that regulates taxis ☐ A jurisdiction that does not regulate taxis
☐ It is a passenger vehicle that is rented without a driver.
☐ It requires a commercial operating authority permit:
☐ NYS DOT Permit No. _____ ☐ I.C.C. Permit No. _____ ☐ US DOT Permit No. _____
☐ It is government-owned.
☐ It is used as an ☐ ambulance ☐ ambulance ☐ hearse/invalid coach Check this box if: ☐ payment is received to carry passengers
☐ It is used exclusively as a hearse Check this box if: ☐ payment is received to carry passengers
☐ It is a commercial tow truck with a GVWR of at least 8,600 lbs.
☐ It is used only as a farm vehicle (Form MV-260F, Part 1, must be attached). ☐ It is used only as an agricultural truck.
- Has this vehicle been modified to change its registration class? ☐ Yes ☒ No If "Yes", explain _____
- This vehicle is a pick-up truck with an unladen weight of 5,500 pounds or less, used exclusively for non-commercial purposes, with no advertising anywhere on it, and you want? ☐ Passenger Plates ☐ Commercial Plates

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CERTIFICATION: The information I have given on this application is true to the best of my knowledge. I certify that the vehicle is fully equipped as required by the Vehicle and Traffic Law, and has passed the required New York State inspection within the past 12 months, or has qualified for a time extension (Form VS-1077) and will be inspected within 10 days. I also certify that appropriate insurance coverage is in effect, and that the vehicle will be operated in accordance with the Vehicle and Traffic Law. If I am applying for replacement registration items, I certify that the registration is not currently under suspension or revocation. If I have plates in a series reserved for a special group, I certify that I am still eligible to receive them, and that I have only one set of these plates. If I am using a credit card for payment of any fees in connection with this application, I understand that my signature below also authorizes use of my credit card.

Print Name Here **CONNIE GREY SECT**

Print Additional Name Here _____
 (Print Name in Full - If registering for a corporation, print your full name and title)

Sign Here

Additional

Signature

Sign Here

(Sign Here - Additional signature required for a partnership or if registering this vehicle in more than one name.)

IMPORTANT: Making a false statement in any registration application or in any proof or statements in connection with it, or deceiving or substituting in connection with this application, is a misdemeanor under Section 392 of the Vehicle and Traffic Law, and may also result in the revocation or suspension of the registration pursuant to regulations established by the Commissioner. The Department makes no representation that it will issue a certificate of title or transferable registration until the Commissioner is satisfied that the applicant is entitled to a certificate of title or transferable registration, and until all documentation required to establish ownership of the vehicle is submitted and deemed to be satisfactory. Pending review of this application, neither the Commissioner of the Department of Motor Vehicles nor any of his or her employees, deputies or agents assumes any liability or responsibility for repairs performed, improvements made or work done to the vehicle referenced in this application.

CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT THE APPLICANT:

My signature authorizes _____
 to use my credit card for payment of fees in connection with this application, and
 I understand that I must be present for this transaction.

Sign

Here

(Cardholder Sign Name in Full)

To Be Completed by a Registered New York State Dealer Only - List any additional Lienholders

Lien Filing Code (Assigned by DMV)	Lienholder Name
Mailing Address (Number and Street)	(City)
Lien Filing Code (Assigned by DMV)	Lienholder Name
Mailing Address (Number and Street)	(City)
NY DEALER CERTIFICATION: I certify that all information provided on this application is true. I take responsibility for the integrity of the papers delivered to the Motor Vehicles office.	
(Signature of Dealer or Authorized Representative)	

ADIR PLAZA INC
150 NO MAIN ST
E HAMPTO N NY

11937

000263

CERTIFICATE OF TITLE



NEW YORK STATE



Title and Identification No.

1G8PH1E5X61132282

Year

2006

Make

CHEVR

Model Code

VAN

Body/Hull

VAN

* * LIENS * *

Document No.

510891Q

Color

GY

Wt/Sts./Lgth.

6800

Fuel

GAS

Cyl./Prop.

8

New or Used

NEW

Type of Title

VEHICLE

Date Issued

2/17/07

Name and Address of Owner(s)

ADIR PLAZA INC
150 NO MAIN ST
E HAMPTO N NY

11937

ODOMETER READING

ACTUAL MILEAGE

This document is your proof of ownership for this vehicle, boat or manufactured home. Keep it in a safe place, not with your license or registration or in your vehicle or boat. To dispose of your vehicle, boat or manufactured home, complete the transfer section on the back and give this title to the new owner.

Lienholder

STERLING NATIONAL BANK

500 7 AVE
NEW YORK NY

10018

Lienholder

* ONE LIEN RECORDED *

Lienholder

* ONE LIEN RECORDED *

Lienholder

* ONE LIEN RECORDED *

MV-999 (7/03)

DEPARTMENT OF MOTOR VEHICLES

VOID IF ALTERED

VOID IF ALTERED

ANY CHANGE OR ERASURE WILL VOID THIS TITLE -- ANY FALSE STATEMENT IS A MISDEMEANOR

SECTION I - Transfer by Owner

ODOMETER DISCLOSURE STATEMENT

Note: This vehicle cannot be registered or titled in the name of the new owner unless mileage is disclosed. Federal and State Law require that you state the mileage of the vehicle described on this certificate when transferring ownership. Failure to do so, or providing a false statement, may result in fines and/or imprisonment.

I certify that, to the best of my knowledge, this odometer reading (check one):

- ☒ 1. reflects the ACTUAL MILEAGE as seen on the odometer of the vehicle described on the front.
☐ 2. EXCEEDS MECHANICAL LIMITS (odometer started over at zero)
☐ 3. not the actual mileage. WARNING - ODOMETER DISCREPANCY.

ODOMETER READING

67,600 (no tenths)

ODOMETER HAS SPACE FOR: (Check one)

- ☐ Five Digits, excluding tenths
☐ Six Digits, excluding tenths

DAMAGE DISCLOSURE STATEMENT (To be Completed by Owner Named on Face of Title)

I certify that, to the best of my knowledge, this vehicle: ☐ has been or ☒ has not been wrecked, destroyed or damaged to such an extent that the total estimate or actual cost of parts and labor to rebuild or reconstruct the vehicle to the condition it was in before an accident, and for legal operation on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss. (Checking the "has" box means that the vehicle must have an anti-theft examination before being registered and that the title issued will have the statement "Rebuilt Salvage, NY" on it.)

If we transfer the vehicle, boat or manufactured home described on this certificate. At the time of transfer, this title is subject only to the liens or encumbrances listed on this certificate. If any, I also certify that this is the most recent title issued for this vehicle, boat or manufactured home.

Note: Section 2113 of the Vehicle and Traffic Law requires that application for a title must be made within 30 days of transfer.

Seller	Seller's Signature	[Signature]			Seller's Name (Print & Sign)	[Name]		
	Street Address	[Address]			City	State	ZIP Code	Date of Statement
Buyer	Buyer's Signature	[Signature]			Buyer's Name (Print & Sign)	[Name]		
	Street Address	[Address]			City	State	ZIP Code	Date of Statement

SECTION II - Reassignment by Manufactured Home Dealer or Registered Boat Dealer or Out-of-State Dealer

ODOMETER DISCLOSURE STATEMENT

Note: This vehicle cannot be registered or titled in the name of the new owner unless mileage is disclosed. Federal and State Law require that you state the mileage of the vehicle described on this certificate when transferring ownership. Failure to do so, or providing a false statement, may result in fines and/or imprisonment.

I certify that, to the best of my knowledge, this odometer reading (check one):

- ☐ 1. reflects the ACTUAL MILEAGE of the vehicle described on the front.
☐ 2. EXCEEDS MECHANICAL LIMITS (odometer started over at zero)
☐ 3. not the actual mileage. WARNING - ODOMETER DISCREPANCY.

ODOMETER READING

[Blank Box] (no tenths)

ODOMETER HAS SPACE FOR: (Check one)

- ☐ Five Digits, excluding tenths
☐ Six Digits, excluding tenths

If we transfer the vehicle, boat or manufactured home described on this certificate. At the time of transfer, this title is subject only to the liens or encumbrances listed on this certificate. If any, I also certify that this is the most recent title issued for this vehicle, boat or manufactured home.

Note: Section 2113 of the Vehicle and Traffic Law requires that application for a title must be made within 30 days of transfer.

Seller	Seller's Signature	[Signature]			Seller's Name (Print & Sign)	[Name]		
	Street Address	[Address]			City	State	ZIP Code	Date of Statement
Buyer	Buyer's Signature	[Signature]			Buyer's Name (Print & Sign)	[Name]		
	Street Address	[Address]			City	State	ZIP Code	Date of Statement

F 8274317

Boat Dealer's

14109

New York State Department of Motor Vehicles
NOTICE OF RECORDED LIEN

00689

071806

I.D. Number
1GBFH15TX61132282 Year
2006Make
CHEVRSTERLING NATIONAL
BANK
500 7 AVE
NEW YORK NY

10018

6800
Wgt./Lgth.GAS
Fuel8
Cyl/Prop.VAN
Body/HullGY
Color

Owner: If you have moved and have not yet notified this Department of your new address, cross out the address shown and print your new address in its place.

OWNERADIRONDACK PLAZA INC
150 NO MAIN ST
E HAMPTON NY 11937**ADDITIONAL LIENHOLDERS**

The following information applies only to the lienholder shown in the box above.

☒ Our security interest in the vehicle, boat or manufactured home described in this notice has been satisfied.☐ We have assumed ownership of this vehicle, boat or manufactured home. We are transferring ownership to:☐ We have assigned our security interest in this vehicle, boat or manufactured home to:

Lien Filing Code

Name

Date of Assignment

No. and Street

City State Zip

Authorized Signature

Date

If you are the owner named on this notice, you can keep this notice with the Certificate of Title and when you sell the vehicle, at or manufactured home, give the transferred Title AND this notice to the new owner. To obtain a lien-free Title before then, turn your current Title, this lien notice and a \$20.00 fee to the DMV, Title Bureau, 6 Empire State Plaza, Albany NY 12228-0330. (Check or money order should be made payable to the Commissioner of Motor Vehicles.)

If you cannot locate the Title for the vehicle, boat or manufactured home, you must apply for a duplicate. You may apply for a duplicate by completing Form MV-902 (available at a DMV office or on our web site at www.nysdmv.com) and mailing it with a \$1.00 check or money order AND this lien notice to the DMV, Title Bureau at the above address.

If your address has not changed since you last registered the vehicle and your registration shows your current address, you may be able to apply for a duplicate title on line. For more information, please visit our web site listed above.

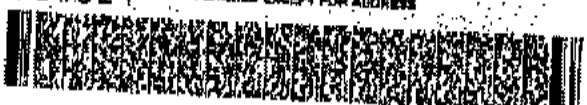
Keep this document to show to the police and courts.

NEW YORK STATE REGISTRATION DOCUMENT

G OMS
FCM1249
2005 DODGE NONTRANSFERABLE
SUBN MR 2D4GP44L75R390052
000012 G 6 FF964824 MAY 24 2010
Wt/Seat Fuel/Cyl LMB SPG302
GROUP TRAVEL Expires 09/30/10
SOLUTION INC *NYMA*
391 EMPIRE BLVD 113.50
BROOKLYN NY 11225

ANNUAL CHG
ANY CHANGES ADD CHG

FF964824 VOID IF ALTERED EXCEPT FOR ADDRESS 140.50






Invoice

Date	Invoice #
6/16/2010	132282

Bill To
Group Travel Solution Inc. 591 Empire Blvd Brooklyn NY 11225

Description	Amount
2006 Chevrolet Express VIN#1GBFH15TX61132282 condition: AS IS Out-of-state sale, exempt from sales tax	6,000.00
	0.00
<div style="text-align: center;"> <h1>PAID</h1> <p>RECEIVED BY:</p>  <p>6.16.10</p> </div>	
<div style="text-align: right;"> Total </div>	
\$6,000.00	



New York State
Department of Motor Vehicles

SERVICE
AMOUNT PAID

SALES TAX/TITLE
\$50.00

SALES TAX AMOUNT:
TITLE/LIENS AMOUNT
AUTO TITLE

EXEMPT
\$50.00

PLATE REG TYPE YR MAKE REG EXPIRES

2006 CHEVR

VIN 1GBFH15TX61132282
SURRENDER DATE
ITEMS SURRENDERED

GROUP TRAVEL
SOLUTION INC
391 EMPIRE BLVD
BROOKLYN NY

11225

1334088E JUN 23 2010
SSG JSBB18 20100623145854

1334088E

MV-82



New York State Department of Motor Vehicles

VEHICLE REGISTRATION/TITLE APPLICATION

This form is also available on DMV's web site: www.nysdmv.com

Batch File No. 001710819

☒ Orig ☐ Activity ☐ Renewal ☐ Lease Buyout
☐ Dup ☐ Activity WRR ☐ Renew WRR ☐ Sales Tax with Title

Old Plate Old Class 1st Name Ins. Co. Exp. Date

Section Case Number(s) New Class

Special Conditions AT BV CR CO CP EX FL GI IF MO NE NF NR RU OD OP OV PA

Sales Tax Information Status Jurisdiction Rate Out of State Audit

Did you issue plates to this vehicle? ☐ Yes ☐ No Plate Number Reg. Class Date Temp Issued Facility ID Number

Is there a lienholder? ☐ Yes ☐ No If Yes, enter the information in Section 4. Only box below.

INSTRUCTIONS → COMPLETE BOXES **1**, **2**, **4**, **6** and **7**. COMPLETE BOXES **3** AND **5** ONLY IF NECESSARY. PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.

1 WHAT DO YOU WANT TO DO? (See Form MV-82.1, Registering a Vehicle in New York State, for more information.)

☒ REGISTER this vehicle for the first time ☐ TRANSFER Plate Number to this vehicle ☐ CHANGE a title (see box **5**)

☐ RENEW plate # ☐ CHANGE registration for Plate Number: (see box **3**) ☐ TITLE ONLY for a 1973 or newer vehicle

☐ REPLACE lost registration items ☐ LEASE BUY-OUT Plate Number

2 CLIENT ID NO. (from Driver License of first registrant listed below) NAME CHANGE? ☐ YES (see box **5**) ☒ NO ADDRESS CHANGE? ☐ YES ☒ NO Is this registration for a corporation or partnership? ☒ Yes ☐ No

NAME OF REGISTRANT (Last, First, Middle) GROUP TRAVEL SOLUTION INC How was the vehicle obtained? ☐ New ☐ Leased New ☒ Used ☐ Leased Used

DATE OF BIRTH SEX DAY PHONE NO. (Optional)

ADDRESS WHERE YOU GET YOUR MAIL (Include Street Number and Name, Rural Delivery and/or box number. This address will appear on the documents.) 391 EMPIRE BLVD Apt. No. City or Town BROOKLYN State NY Zip Code 11225 County of Residence KINGS

ADDRESS WHERE YOU LIVE (IF DIFFERENT FROM MAILING ADDRESS. DO NOT GIVE P.O. BOX.) 719 EASTERN PKWY Apt. No. City or Town BROOKLYN State NY Zip Code 11213

3 OWNER CLIENT ID NO. (from Driver License) IF YOU ARE NOT THE OWNER of this vehicle, the owner must complete this section. Proof of ownership and proof of owner's name and date of birth are required. NOTE -You do not have to fill in this section if you attach a completed Registration Authorization (MV-95), or if you are renewing the vehicle, and the owner is the same.

NAME OF CURRENT OWNER (Last, First, Middle) DATE OF BIRTH OWNER'S DAY PHONE NO. (Optional)

ADDRESS WHERE OWNER GETS MAIL (Include Street Number and Name, Rural Delivery and/or box number.) Apt. No. City or Town State Zip Code County

AUTHORIZATION: The registrant named in box **2** is authorized to register the vehicle described in box **4**.

(Owner's/Authorized Signature-Co-owner's Signature if applicable) (Date)

4 VEHICLE IDENTIFICATION NUMBER 1GAH6390461230P36 VEHICLE DESCRIPTION VEHICLE 7 Body Type For Cars ☐ 2-Door ☐ 4-Door ☐ Convertible ☐ Station Wagon ☐ Suburban ☐ Other

Body Type For Other Vehicles ☐ Pick-up ☒ Van ☐ Motorcycle ☐ Tow ☐ Trailer ☐ Other Color WH Unladen Weight 6400 Type of Power (Fuel) ☐ Gas ☐ Diesel ☐ Electric ☐ Flex ☐ CNG ☐ Propane ☐ None

Cylinders 8 For trailers & commercial vehicles Max. Gross Weight For motor vehicles & boats Spelling Cap. Odometer Reading in Miles 56,393 Vehicle's ODOMETER has room for how many numbers (5, 6 or 7 - do not include tenths)? For commercial vehicles Axles Distance

Lien Filing Code (Assigned by DMV) Lienholder Name and Mailing Address

Mileage Brand Prior Owner Lien Release

For commercial vehicles (Name and Organization) Approved By Date Operator

Rep/Tax MAY 14 2010

MV-82 (7/07)

5 CHANGES - To change information on a current registration and/or title, be sure to enter the new information on page 1 of this form. (See Form MV-82.1, Registering a Vehicle in New York State, for more information.)

NAME CHANGE: Print former name exactly as it appears on the current registration or title.

CHANGES: Describe any vehicle changes and the reasons for the changes.

6 ADDITIONAL VEHICLE INFORMATION — **QUESTIONS 1-3 MUST BE COMPLETED.**

1. I certify that, to the best of my knowledge, this vehicle ☐ has been or ☒ has not been wrecked, destroyed or damaged to such an extent that the total estimate, or actual cost, of parts and labor to rebuild or reconstruct the vehicle to the condition it was in before an accident, and for legal operation on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss. (Checking the "has been" box means the vehicle must have an anti-theft examination before being registered, and that the title issued will have the statement "Rebuilt Salvage" on it.)

2. Is this vehicle registered for your own personal use? ☐ Yes ☒ No
If "Yes", go to question 3 below. If "No", check any of the following boxes that apply:

☐ It is a passenger vehicle to be used for hire with a driver and operated in:
☐ New York City ☐ A jurisdiction other than NYC, that regulates taxis ☐ A jurisdiction that does not regulate taxis

☒ It is a passenger vehicle that is rented without a driver.

☐ It requires a commercial operating authority permit:
☐ NYS DOT Permit No. _____ ☐ I.C.C. Permit No. _____ ☐ US DOT Permit No. _____

☐ It is government-owned.

☐ It is used as an ☐ ambulance ☐ ambulance ☐ hearse/invalid coach Check this box if: ☐ payment is received to carry passengers

☐ It is used exclusively as a hearse Check this box if: ☐ payment is received to carry passengers

☐ It is a commercial tow truck with a GVWR of at least 8,600 lbs.

☐ It is used only as a farm vehicle (Form MV-260F, Part 1, must be attached). ☐ It is used only as an agricultural truck.

3. Has this vehicle been modified to change its registration class? ☐ Yes ☒ No If "Yes", explain _____

4. This vehicle is a pick-up truck with an unladen weight of 5,500 pounds or less, used exclusively for non-commercial purposes, with no advertising anywhere on it, and you want? ☐ Passenger Plates ☐ Commercial Plates

7 CERTIFICATION: The information I have given on this application is true to the best of my knowledge. I certify that the vehicle is fully equipped as required by the Vehicle and Traffic Law, and has passed the required New York State inspection within the past 12 months, or has qualified for a time extension (Form VS-1077) and will be inspected within 10 days. I also certify that appropriate insurance coverage is in effect, and that the vehicle will be operated in accordance with the Vehicle and Traffic Law. If I am applying for replacement registration items, I certify that the registration is not currently under suspension or revocation. If I have plates in a series reserved for a special group, I certify that I am still eligible to receive them, and that I have only one set of these plates. If I am using a credit card for payment of any fees in connection with this application, I understand that my signature below also authorizes use of my credit card.

Print Name Here Connie Galey, Self

(Print Name in Full - If registering for a corporation, print your full name and title)

Sign Here C. Galey

Additional
Signature
Sign Here

(Sign HERE)

(Sign Here - Additional signature required for a partnership or if registering this vehicle in more than one name.)

IMPORTANT: Making a false statement in any registration application or in any proof of statements in connection with it, or deceiving or substituting in connection with this application, is a misdemeanor under Section 382 of the Vehicle and Traffic Law, and may also result in the revocation or suspension of the registration pursuant to regulations established by the Commissioner. The Department makes no representation that it will issue a certificate of title or transferable registration until the Commissioner is satisfied that the applicant is entitled to a certificate of title or transferable registration, and until all documentation required to establish ownership of the vehicle is submitted and deemed to be satisfactory. Pending review of this application, neither the Commissioner of the Department of Motor Vehicles nor any of his or her employees, deputies or agents assumes any liability or responsibility for repairs performed, improvements made or work done to the vehicle referenced in this application.

CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT THE APPLICANT:

My signature authorizes _____
to use my credit card for payment of any fees in connection with this application.

Sign
Here

(Cardholder Sign Name in Full)

To Be Completed by a Registered New York State Dealer Only - List any additional Lienholders

Lien Filing Code (Assigned by DMV)	Lienholder Name			
Mailing Address	(Number and Street)	(City)	(State)	(Zip Code)
Lien Filing Code (Assigned by DMV)	Lienholder Name			
Mailing Address	(Number and Street)	(City)	(State)	(Zip Code)

NY DEALER CERTIFICATION: I certify that all information provided on this application is true. I take responsibility for the integrity of the papers delivered to the Motor Vehicles office.

(Signature of Dealer or Authorized Representative)

15820

IMAGE RENT A CAR INC
391 EMPIRE BLVD
BROOKLYN NY 11225

001798

CERTIFICATE OF TITLE

NEW YORK STATE

www.nysdmv.com

Title and Identification No.

1GAHG39U461230836
1GAHG39U461230836

Year

2006

Make

CHEVR

Model Code

EXP

Body/Hull

SUBN

Document No.

377468A

Color

WH

Wt./Sts./Lgh.

6400

Fuel

GAS

Cyl./Prop.

8

New or Used

USED

Type of Title

VEHICLE

Date Issued

6/08/09

Name and Address of Owner(s)

IMAGE RENT A CAR INC
391 EMPIRE BLVD
BROOKLYN NY 11225

ODOMETER READING:

54120

ACTUAL MILEAGE

54120

This document is your proof of ownership for this vehicle, boat or manufactured home. Keep it in a safe place, not with your license or registration or in your vehicle or boat. To dispose of your vehicle, boat or manufactured home, complete the transfer section on the back and give this title to the new owner.

Lienholder

Lienholder

* NO LIENS RECORDED *

* NO LIENS RECORDED *

Lienholder

Lienholder

* NO LIENS RECORDED *

* NO LIENS RECORDED *

MV-999 (4-08)

DEPARTMENT OF MOTOR VEHICLES

ANY CHANGE OR ERASURE WILL VOID THIS TITLE - ANY FALSE STATEMENT IS A MISDEMEANOR

SECTION I - Transfer by Owner

ODOMETER DISCLOSURE STATEMENT

Note: This vehicle cannot be registered or titled in the name of the new owner unless mileage is disclosed. Federal and State Law require that you state the mileage of the vehicle described on this certificate when transferring ownership. Failure to do so, or providing a false statement, may result in fines and/or imprisonment.

I certify that, to the best of my knowledge, this odometer reading (check one):

- ☒ 1. reflects the ACTUAL MILEAGE as seen on the odometer of the vehicle described on the front.
☐ 2. EXCEEDS MECHANICAL LIMITS (odometer started over at zero)
☐ 3. not the actual mileage. WARNING - ODOMETER DISCREPANCY.

ODOMETER READING

76,393

(no tenths)

ODOMETER HAS SPACE FOR: (Check one)

- ☐ Five Digits, excluding tenths
☐ Six Digits, excluding tenths

DAMAGE DISCLOSURE STATEMENT (To be Completed by Owner Named on Face of Title)

I certify that, to the best of my knowledge, this vehicle ☐ has been or ☒ has not been wrecked, destroyed or damaged to such an extent that the total estimate or actual cost of parts and labor to rebuild or reconstruct the vehicle to the condition it was in before an accident, and for legal operation on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss. (Checking the "has" box means that the vehicle must have an anti-theft examination before being registered and that the title issued will have the statement "Rebuilt Salvage: NY" on it.)

I or we transfer the vehicle, boat or manufactured home described on this certificate. At the time of transfer, this title is subject only to the liens or encumbrances listed on this certificate, if any. I also certify that this is the most recent title issued for this vehicle, boat or manufactured home.

Note: Section 2113 of the Vehicle and Traffic Law requires that application for a title must be made within 30 days of transfer.

Seller's Signature 		Seller's Name (Print in Full) Group Travel Solution Inc - Philippe Naim	
Street Address 391 Empire Blvd	City Brooklyn	State NY	ZIP code 11225
Buyer's Signature 		Buyer's Name (Print in Full) Group Travel Solution Inc - Philippe Naim	
Street Address 391 Empire Blvd	City Brooklyn	State NY	ZIP code 11225
		Date of Statement 4/11/10	
		Date of Statement 5/12/10	

SECTION II - Reassignment by Manufacturer, Home Dealer or Registered Boat Dealer or Out-of-State Dealer

ODOMETER DISCLOSURE STATEMENT

Note: This vehicle cannot be registered or titled in the name of the new owner unless mileage is disclosed. Federal and State Law require that you state the mileage of the vehicle described on this certificate when transferring ownership. Failure to do so, or providing a false statement, may result in fines and/or imprisonment.

I certify that, to the best of my knowledge, this odometer reading (check one):

- ☐ 1. reflects the ACTUAL MILEAGE of the vehicle described on the front.
☐ 2. EXCEEDS MECHANICAL LIMITS (odometer started over at zero)
☐ 3. not the actual mileage. WARNING ODOMETER DISCREPANCY.

ODOMETER READING

(no tenths)

ODOMETER HAS SPACE FOR: (Check one)

- ☐ Five Digits, excluding tenths
☐ Six Digits, excluding tenths

I or we transfer the vehicle, boat or manufactured home described on this certificate. At the time of transfer, this title is subject only to the liens or encumbrances listed on this certificate, if any. I also certify that this is the most recent title issued for this vehicle, boat or manufactured home.

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Seller's Signature		Seller's Name (Print in Full)	
Street Address	City	State	ZIP code
Buyer's Signature		Buyer's Name (Print in Full)	
Street Address	City	State	ZIP code
		Date of Statement	
		Date of Statement	

CONTROL NUMBER

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES
INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

111 Empire Fire & Marine Insurance Co.

Policy Number

Name & Address of Issuer: Williams and Stazzone Insurance Agency
 99 N Atlantic Ave
 Cocoa Beach FL 32931

SF229728

Effective Date

Expiration Date

05/12/2010

10/01/2010

12:01 a.m.

12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.)

An authorized NEW YORK insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

Applicable with respect to the following Motor Vehicle:

GROUP: TRAVEL
 SOLUTION: INC
 391 EMPIRE BLVD
 BROOKLYN NY 11225

2008

CHEVY

Year

Make

1GAHG39U461230836

12

Vehicle Identification Number

Seats

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES
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FH-1

FAX: Scanable Bar Code

FAX INSTRUCTIONS:

1. The entire page must be faxed.
2. If submitted to DMV, either the entire page or the second ID card and large scanable bar code will be retained.
3. A faxed ID card must be replaced with a scanable ID card within 14 days of the effective date.
4. DMV will not accept a faxed ID card without a scanable barcode.

N. Y. S. DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILING RECEIPT

ALBANY, NY 12231-0001

ENTITY NAME : GROUP TRAVEL SOLUTION INC.

DOCUMENT TYPE : ASSUMED NAME CERTIFICATE

FILER:

DAVID LIPSKER
719 EASTERN PARKWAY
STE. #3
BROOKLYN

NY 11213

FILED: 05/04/2010
CASH#: 236808
FILM#: 20100504013

PRINCIPAL LOCATION

719 EASTERN PARKWAY
SUITE 3
BROOKLYN
NY 11213

COMMENT:

ASSUMED NAME

IMAGE RENT A CAR



SERVICE COMPANY : SERVICIO

CODE: 35
BOX : 41

FEES 160.00

FILING : 25.00
COUNTY : 100.00
COPIES : 10.00
MISC : .00
HANDLE : 25.00

PAYMENTS: 160.00

CASH :
CHECK : 160.00
C CARD :

REFUND :

36623

DO3HD104

DOS-281 (04/2007)

Keep this document to show to the police and courts.

NEW YORK STATE REGISTRATION DOCUMENT



PAS

FBX5099

2005 FORD

NONTRANSFERABLE

4DSD BL

1FAFP34N85W219439

002750 G 4

FF233658 MAY 07 2010

W/Spears

GLM BRK123

GROUP TRAVEL

Expires 05/31/12

SOLUTION INC

NYMA

391 EMPIRE BLVD

21.75

BROOKLYN

NY 11225

ASSIST. CLERK

NOT FOR REGISTRATION

FF233658 VOID IF ALTERED EXCEPT FOR ADDRESS

200.00



AUTO NONTRANSFERABLE
0051410B19 FF092749 CAK 143.50
*FCN1201
GROUP TRAVEL
SOLUTION INC
FH
NYMA
Corp/Govt reg transaction

4091645

MV-82



New York State Department of Motor Vehicles

VEHICLE REGISTRATION/TITLE APPLICATION

This form is also available on DMV's web site - www.dmv.ny.gov

Batch
File No.

1090710813

☒ Orig ☐ Activity ☐ Renewal ☐ Lease Buyout
☐ Dup ☐ Activity WRR ☐ Renew WRR ☐ Sales Tax with Title

Old Plate	Old Class	3 of Name	Ins. Co. Code	Exp. Date
Special Conditions	AT BV CF CO CP EX FL GI IF MO NE NF NR NU OO OF OV PA	PC PK KC RE SA SO SR SS SV TE TL TD TR TX XR XS YD	New Class	
Sales Tax Information	Status	Value (\$)	Jurisdiction	Rate
Did you issue plates to this vehicle?	Plate Number	Reg. Class	Date Temp Issued	Facility ID Number
<input type="checkbox"/> Yes <input type="checkbox"/> No				

INSTRUCTIONS

COMPLETE BOXES 1, 2, 4, 6 and 7. COMPLETE BOXES 3 AND 5 ONLY IF NECESSARY.

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

1 WHAT DO YOU WANT TO DO? (See Form MV-82.1, Registering a Vehicle in New York State, for more information.)

☒ REGISTER this vehicle for the first time ☐ CHANGE a title (see box 5) ☐ TITLE ONLY for a 1973 or newer vehicle

For the following options, please enter PLATE NUMBER ☐ RENEW Registration ☐ CHANGE Registration (see box 5) ☐ REPLACE lost registration items ☐ TRANSFER Plate Number to this Vehicle ☐ LEASE BUY-OUT

2 NAME OF PRIMARY REGISTRANT (Last, First, Middle)
GROUP TRAVEL SOLUTION INC

NAME OF CO-REGISTRANT (Last, First, Middle)
PRIMARY CLIENT ID NO. (from NYS License) SEX ☐ M ☐ F DATE OF BIRTH / /

CO-REGISTRANT CLIENT ID NO. (from NYS License) SEX ☐ M ☐ F DATE OF BIRTH / /

DAY PHONE NO. (Optional) (Area Code) NAME CHANGE? ☐ YES (see box 3) ☒ NO ADDRESS CHANGE? ☐ YES ☒ NO

PRIMARY REGISTRANT ADDRESS WHERE YOU GET YOUR MAIL (Include Street Number and Name, Rural Delivery and/or box number. This address will appear on the document.)
391 EMPIRE BLVD Apt. No. City or Town State Zip Code Kings

PRIMARY REGISTRANT ADDRESS WHERE YOU LIVE (If different from mailing address, do not give P.O. box.)
Apt. No. City or Town State Zip Code

3 OWNER CLIENT ID NO. (from Driver License)

NAME OF CURRENT OWNER (Last, First, Middle)

DATE OF BIRTH / /

OWNER'S DAY PHONE NO. (Optional) (Area Code)

ADDRESS WHERE OWNER GETS MAIL (Include Street Number and Name, Rural Delivery and/or box number.)
Apt. No. City or Town State Zip Code

AUTHORIZATION: The registrant named in box 2 is authorized to register the vehicle described in box 4.

(Owner's/Authorized Signature-Co-owner's Signature if applicable) (Date)

4 VEHICLE IDENTIFICATION NUMBER 1GANG39K281186501

VEHICLE DESCRIPTION Year Make

Body Type For Cars ☐ 2-Door ☐ 4-Door ☐ Convertible ☐ Station Wagon/ Subcompact ☐ Other

Body Type For Other Vehicles ☐ Pick-up ☒ Van ☐ Motorcycle ☐ Tow ☐ Trailer ☐ Other

Type of Power (Fuel) ☒ Gas ☐ Diesel ☐ Electric ☐ Flex ☐ CNG ☐ Propane ☐ None

Cylinders 8 **For trailers & commercial vehicles** Max. Gross Weight **For rental buses & taxis** Seating Cap.

Color white **Unladen Weight** 6421 **Odometer Reading in Miles** 83103

Vehicle's ODOMETER has room for how many numbers (5, 6 or 7 - do not include tenths)?

For commercial vehicles Axles Distance

Lien Filing Code (Assigned by DMV) **Lienholder Name and Mailing Address**

Mileage **Prior Owner** **Insurance State** **Year** **Lien Number**

Reg. Title 101884946 **State** FL **Appraised By** **Donor** **Old One**

MV-82 (3/11)

5 CHANGES - To change information on a current registration and/or title, be sure to enter the **NEW** information on page 1 of this form. (See Form MV-92.1, Registering a Vehicle in New York State, for more information.)

NAME CHANGE: Print **former name** exactly as it appears on the current registration or title.

CHANGES: Describe any vehicle changes and the reasons for the changes.

6 ADDITIONAL VEHICLE INFORMATION — **QUESTIONS 1-3 MUST BE COMPLETED.**

1. I certify that, to the best of my knowledge, this vehicle ☒ has been or ☐ has not been wrecked, destroyed or damaged to such an extent that the total estimate, or actual cost, of parts and labor to rebuild or reconstruct the vehicle to the condition it was in before an accident, and for legal operation on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss. (Checking the "has been" box means the vehicle must have an anti-theft examination before being registered, and that the title issued will have the statement "Rebuilt Salvage" on it.)

2. Is this vehicle registered for your own personal use? ☒ Yes ☐ No
If "Yes", go to question 3 below. If "No", check any of the following boxes that apply:

☐ It is a passenger vehicle to be used for hire with a driver and operated in:

☐ New York City ☐ A jurisdiction other than NYC, that regulates taxis ☐ A jurisdiction that does not regulate taxis

☒ It is a passenger vehicle that is rented without a driver.

☐ It requires a commercial operating authority permit:

☐ NYS DOT Permit No. _____ ☐ I.C.C. Permit No. _____ ☐ US DOT Permit No. _____

☐ It is government-owned.

☐ It is used as an ☐ ambulance ☐ ambulette ☐ hearse/invalid coach Check this box if: ☐ payment is received to carry passengers

☐ It is used exclusively as a hearse Check this box if: ☐ payment is received to carry passengers

☐ It is a commercial tow truck with a GVWR of at least 8,600 lbs.

☐ It is used only as a farm vehicle (Form MV-260F, Part 1, must be attached).

☐ It is used only as an agricultural truck.

3. Has this vehicle been modified to change its registration class? ☒ Yes ☐ No If "Yes", explain _____

4. This vehicle is a pick-up truck with an unladen weight of 5,500 pounds or less, used exclusively for non-commercial purposes, with no advertising anywhere on it, and you want? ☐ Passenger Plates ☐ Commercial Plates

7 CERTIFICATION: The information I have given on this application is true to the best of my knowledge. I certify that the vehicle is fully equipped as required by the Vehicle and Traffic Law, and has passed the required New York State inspection within the past 12 months, or has qualified for a time extension (Form VS-1077) and will be inspected within 10 days. I also certify that appropriate insurance coverage is in effect, and that the vehicle will be operated in accordance with the Vehicle and Traffic Law. If I am applying for replacement registration items, I certify that the registration is not currently under suspension or revocation. If I have plates in a series reserved for a special group, I certify that I am still eligible to receive them, and that I have only one set of these plates. If I am using a credit card for payment of any fees in connection with this application, I understand that my signature below also authorizes use of my credit card.

Print Name Here **CONNIE GREY SECT** Sign Here **C. Grey**
(Print Name in Full - If registering for a corporation, print your full name and title) (Sign Here)

Print Additional Name Here _____ Additional Signature _____
(Print Name in Full) (Sign Here)

(Sign Here - Additional signature required for a partnership or if registering this vehicle in more than one name.)

IMPORTANT: Making a false statement in any registration application or in any proof or statement in connection with it, or deceiving or substituting in connection with this application, is a misdemeanor under Section 392 of the Vehicle and Traffic Law, and may also result in the revocation or suspension of the registration pursuant to regulations established by the Commissioner. The Department makes no representation that it will issue a certificate of title or transferable registration until the Commissioner is satisfied that the applicant is entitled to a certificate of title or transferable registration, and until all documentation required to establish ownership of the vehicle is submitted and deemed to be satisfactory. Pending review of this application, neither the Commissioner of the Department of Motor Vehicles nor any of his or her employees, deputies or agents assumes any liability or responsibility for repairs performed, improvements made or work done to the vehicle referenced in this application.

CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT THE APPLICANT:

My signature authorizes _____
to use my credit card for payment of fees in connection with this application, and
I understand that I must be present for this transaction.

Sign
Here

(Cardholder Sign Name in Full)

To Be Completed by a Registered New York State Dealer Only - List any additional Lienholders

Lien Filing Code (Assigned by DMV)	Lienholder Name
Mailing Address	
(Number and Street)	(City) (State) (Zip Code)
Lien Filing Code (Assigned by DMV)	Lienholder Name
Mailing Address	
(Number and Street)	(City) (State) (Zip Code)

NY DEALER CERTIFICATION: I certify that all information provided on this application is true, I take responsibility for the integrity of the papers delivered to the Motor Vehicles Office.

(Signature of Dealer or Authorized Representative)

CERTIFICATE OF TITLE

Identification Number BAH339K281186501		Year 2008	Make CHEV	Model VN	VIN L-8HP 8249	Vessel Reg. No. 101884946	This Number 101884946
Prev State TX	Color WH1	Primary Brand	Secondary Brand	No of Brand	Use PRIVATE	Pre-issued Date	Used Release Interval in the described vehicle is hereby released By <i>Eucostas</i>
Odometer Status or Vessel Manufacturer or CH 693 17304 MILES				Final Material	Prop	Date of Issue 12/24/2008	Title <i>Agents</i> Date <i>8-30-2011</i>
Registered Owner ADIR PLAZA INC 391 EMPIRE BLVD BROOKLYN NY 11225							

PHOTO-COPY

1st Lienholder

**11/13/2008
CITICAPITAL COMMERCIAL CORP
PO BOX 108847
IRVING TX 75018**

DIVISION OF MOTOR VEHICLES

TALLAHASSEE

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Carl A. Ford
Carl A. Ford
Director

Control Number **092613973**

Electra Theodorides-Bustle
Electra Theodorides-Bustle
Executive Director

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Federal and/or state law requires that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. This title is warranted to be free from any liens except as noted on the face of this certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name: **Griff Travel Services Inc**

Seller Must Enter Selling Price: **17,450**

Address: **391 Empire Blvd, Brooklyn, NY 11225**

Seller Must Enter Date Sold: **8/26/11**

I/We state that this ☐ is or ☐ is a light motor vehicle **8311031X** (no title) miles, date read **8/26/11**

☒ 1. reflects ACTUAL MILEAGE

☐ 2. is IN EXCESS OF ITS MECHANICAL LIMITS

☐ 3. is NOT THE ACTUAL MILEAGE

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Must Sign Here: *Adir Plaza Inc*

Print Name: **Adir Plaza Inc**

Selling Dealer's License Number: _____

CO-SELLER Must Sign Here: _____

Print Name: _____

Print Name: _____

Tax Collected: _____

PURCHASER Must Sign Here: *Griff Travel Services Inc*

Print Name: **Griff Travel Services Inc**

Print Name: _____

CO-PURCHASER Must Sign Here: _____

Print Name: _____

Print Name: _____

NOTICE: \$10.00 PENALTY IS INCURRED BY FAILURE TO SUBMIT FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE.

11SMV 2000 (REV 04/01)

STATE OF FLORIDA

ODOMETER CERTIFICATION (Seller and Buyer have signed this statement in accordance with the provisions of the Motor Vehicle Sales Act, R.S. 33:481, which requires that a false statement may result in fines and/or imprisonment.)			
Selling Dealer's License No.:		Selling Dealer's Name:	
Selling Dealer's Address:		Tax No.:	
Purchaser's Name(s):		Tax Collected:	
Purchaser's Address:		Date Sold:	
I/WE STATE THAT THIS <input type="checkbox"/> 5 OR <input type="checkbox"/> 6 DIGIT ODOMETER NOW READS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (NO TENTHS) MILES, DATE READ <input type="text"/> AND I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ODOMETER READING			
CAUTION: READ CAREFULLY BEFORE YOU CHECK A BOX <input type="checkbox"/> 1. REFLECTS ACTUAL MILEAGE <input type="checkbox"/> 2. IS IN EXCESS OF ITS MECHANICAL LIMITS (EXCESS OF ITS MECHANICAL LIMITS APPLIES TO 5 DIGIT ODOMETERS) <input type="checkbox"/> 3. IS NOT THE ACTUAL MILEAGE WARNING - ODOMETER DISCREPANCY			
Purchaser Must Sign Here:		Co-Purchaser Must Sign Here:	
Print Here:		Print Here:	
Seller/Agent Must Sign Here:		Auction Name (When Applicable):	
Print Here:		Auction License Number:	
Selling Dealer's License No.:		Selling Dealer's Name:	
Selling Dealer's Address:		Tax No.:	
Purchaser's Name(s):		Tax Collected:	
Purchaser's Address:		Date Sold:	
I/WE STATE THAT THIS <input type="checkbox"/> 5 OR <input type="checkbox"/> 6 DIGIT ODOMETER NOW READS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (NO TENTHS) MILES, DATE READ <input type="text"/> AND I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ODOMETER READING			
CAUTION: READ CAREFULLY BEFORE YOU CHECK A BOX <input type="checkbox"/> 1. REFLECTS ACTUAL MILEAGE <input type="checkbox"/> 2. IS IN EXCESS OF ITS MECHANICAL LIMITS (EXCESS OF ITS MECHANICAL LIMITS APPLIES TO 5 DIGIT ODOMETERS) <input type="checkbox"/> 3. IS NOT THE ACTUAL MILEAGE WARNING - ODOMETER DISCREPANCY			
Purchaser Must Sign Here:		Co-Purchaser Must Sign Here:	
Print Here:		Print Here:	
Seller/Agent Must Sign Here:		Auction Name (When Applicable):	
Print Here:		Auction License Number:	
Selling Dealer's License No.:		Selling Dealer's Name:	
Selling Dealer's Address:		Tax No.:	
Purchaser's Name(s):		Tax Collected:	
Purchaser's Address:		Date Sold:	
I/WE STATE THAT THIS <input type="checkbox"/> 5 OR <input type="checkbox"/> 6 DIGIT ODOMETER NOW READS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (NO TENTHS) MILES, DATE READ <input type="text"/> AND I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ODOMETER READING			
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Purchaser Must Sign Here:		Co-Purchaser Must Sign Here:	
Print Here:		Print Here:	
Seller/Agent Must Sign Here:		Auction Name (When Applicable):	
Print Here:		Auction License Number:	

01

ADIR PLAZA INC



1GAHG39K281186501



EPANCY

EBBY
READING:

EPANCY

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

111 Empire Fire & Marine Insurance Co.

Policy Number

Name & Address of Issuer Williams and Stazzone Insurance Agen

SF450120

99 N Atlantic Ave
Cocoa Beach FL 32931

Effective Date

Expiration Date

08/24/2011

10/01/2011

12:01 a.m.

12:01 a.m.

(Not acceptable to obtain registration
after 45 days from effective date.)An authorized NEW YORK insurer certifies that it has issued
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Applicable with respect to the following Motor Vehicle:

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BROOKLYN NY 11225

2008

CHEVR

Year

Make

1GAHG39K281186601

15

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FH-1

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

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4. DMV will not accept a faxed ID card without a scannable barcode.

OUTS-AUTO NONTRANSFERABLE
1090710B13 FN769120 SEM 107.50
*FRJ7049

GROUP TRAVEL
SOLUTION INC
PH

NYMA
Corp/Govt reg transaction

907151055

MV-82

New York State Department of Motor Vehicles



VEHICLE REGISTRATION/TITLE APPLICATION

This form is also available on DMV's web site - www.dmv.ny.gov

Batch File No.	1090210813		
<input checked="" type="checkbox"/> Orig	<input type="checkbox"/> Activity	<input type="checkbox"/> Renewal	<input type="checkbox"/> Lease Buyout
<input type="checkbox"/> Dup	<input type="checkbox"/> Activity WRR	<input type="checkbox"/> Renew WRR	<input type="checkbox"/> Sales Tax with Title

Old Plate	Old Class	S of Name	Ins. Co. Code	Exp. Date
Special Conditions	AT BV CF CO CP EX FL GS GI IF MO NE NF NR ND OD OP OV PA	New Plate		New Class
Sales Tax Information	Status Value (\$)	Jurisdiction	Rate	Out of State
Did you issue plates to this vehicle?	Plate Number	Reg. Class	Date Temp Issued	Facility ID Number
<input type="checkbox"/> Yes <input type="checkbox"/> No				

INSTRUCTIONS → COMPLETE BOXES 1, 2, 4, 6 and 7. COMPLETE BOXES 3 AND 5 ONLY IF NECESSARY. PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.

1. WHAT DO YOU WANT TO DO? (See Form MV-82.1, Registering a Vehicle in New York State, for more information.)

☒ REGISTER this vehicle for the first time ☐ CHANGE a title (see box 5) ☐ TITLE ONLY for a 1973 or newer vehicle

For the following options, please enter PLATE NUMBER

☐ RENEW Registration ☐ CHANGE Registration (see box 5) ☐ REPLACE lost registration items ☐ TRANSFER Plate Number to this Vehicle ☐ LEASE BUY-OUT

2. NAME OF PRIMARY REGISTRANT (Last, First, Middle)

GROUP TRAVEL SOLUTION INC

NAME OF CO-REGISTRANT (Last, First, Middle)

DAY PHONE NO. (Optional)

Area Code

NAME CHANGE? ☐ YES (see box 5) ☒ NO

ADDRESS CHANGE? ☐ YES ☒ NO

Is this registration for a corporation or partnership? ☒ Yes ☐ No

How was the vehicle obtained? ☒ New ☐ Leased New ☐ Used ☐ Leased Used

PRIMARY REGISTRANT ADDRESS WHERE YOU GET YOUR MAIL (Include Street Number and Name, Rural Delivery and/or box number. This address will appear on the document.)

391 EMPIRE BLVD

Apt. No. City or Town State Zip Code County of Residence

Brooklyn N Y 11225 KINGS

PRIMARY REGISTRANT ADDRESS WHERE YOU LIVE (IF DIFFERENT FROM MAILING ADDRESS, DO NOT GIVE P.O. BOX.)

Apt. No. City or Town State Zip Code

3. OWNER CLIENT ID NO. (from Driver License)

NAME OF CURRENT OWNER (Last, First, Middle)

DATE OF BIRTH

OWNER'S DAY PHONE NO. (Optional)

Area Code

ADDRESS WHERE OWNER GETS MAIL (Include Street Number and Name, Rural Delivery and/or box number)

Apt. No. City or Town State Zip Code County

AUTHORIZATION: The registrant named in box 2 is authorized to register the vehicle described in box 4.

(Owner's/Authorized Signature-Co-owner's Signature if applicable)

(Date)

4. VEHICLE IDENTIFICATION NUMBER

1GAHG39K181167762

VEHICLE DESCRIPTION

Year Make

2008 CHEVROLET

Body Type For Cars

☐ 2-Door ☐ 4-Door ☐ Convertible ☐ Station Wagon/ Suburban ☐ Other

Body Type For Other Vehicles

☐ Pick-up ☒ Van ☐ Motorcycle ☐ Tow ☐ Trailer ☐ Other

Color

white

Unladen Weight

6421

Type of Power (Fuel)

☒ Gas ☐ Diesel ☐ Electric ☐ Flex ☐ CNG ☐ Propane ☐ None

Cylinders

8

For trailers & commercial vehicles Max. Gross Weight

For trailers, buses & taxis Sealing Weight

15

Odometer Reading in Miles

83790

Vehicle's ODOMETER has room for how many numbers (5, 6 or 7, do not include letters)?

For commercial vehicles

Axles Distance

Lien Filing Code (Assigned by DMV)

Lienholder Name and Mailing Address

Mileage

Prior Owner

Issuance State

Year

Lien Number

Lien Release

Reg/Title

State

Operator

5 CHANGES: To change information on a current registration and/or title, be sure to enter the **NEW** information on page 1 of this form. (See Form MV-82.1, Registering a Vehicle in New York State, for more information.)

NAME CHANGE: Print former name exactly as it appears on the current registration or title.

CHANGES: Describe any vehicle changes and the reasons for the changes.

6 ADDITIONAL VEHICLE INFORMATION → **QUESTIONS 1-3 MUST BE COMPLETED.**

1. I certify that, to the best of my knowledge, this vehicle ☒ has been or ☐ has not been wrecked, destroyed or damaged to such an extent that the total estimate, or actual cost, of parts and labor to rebuild or reconstruct the vehicle to the condition it was in before an accident, and for legal operation on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss. (Checking the "has been" box means the vehicle must have an anti-theft examination before being registered, and that the title issued will have the statement "Rebuilt Salvage" on it.)

2. Is this vehicle registered for your own personal use? ☒ Yes ☐ No
If "Yes", go to question 3 below. If "No", check any of the following boxes that apply:

☐ It is a passenger vehicle to be used for hire with a driver and operated in:
☐ New York City ☐ A jurisdiction other than NYC, that regulates taxis ☐ A jurisdiction that does not regulate taxis

☒ It is a passenger vehicle that is rented without a driver.

☐ It requires a commercial operating authority permit:
☐ NYS DOT Permit No. _____ ☐ I.C.C. Permit No. _____ ☐ US DOT Permit No. _____

☐ It is government-owned.

☐ It is used as an ☐ ambulance ☐ ambulette ☐ hearse/invalid coach Check this box if: ☐ payment is received to carry passengers

☐ It is used exclusively as a hearse Check this box if: ☐ payment is received to carry passengers

☐ It is a commercial tow truck with a GVWR of at least 8,600 lbs.

☐ It is used only as a farm vehicle (Form MV-260F, Part 1, must be attached).

3. Has this vehicle been modified to change its registration class? ☒ Yes ☐ No If "Yes", explain _____

4. This vehicle is a pick-up truck with an unladen weight of 5,500 pounds or less, used exclusively for non-commercial purposes, with no advertising anywhere on it, and you want? ☐ Passenger Plates ☐ Commercial Plates

7 CERTIFICATION: The information I have given on this application is true to the best of my knowledge. I certify that the vehicle is fully equipped as required by the Vehicle and Traffic Law, and has passed the required New York State inspection within the past 12 months, or has qualified for a time extension (Form VS-1077) and will be inspected within 10 days. I also certify that appropriate insurance coverage is in effect, and that the vehicle will be operated in accordance with the Vehicle and Traffic Law. If I am applying for replacement registration items, I certify that the registration is not currently under suspension or revocation. If I have plates in a series reserved for a special group, I certify that I am still eligible to receive them, and that I have only one set of these plates. If I am using a credit card for payment of any fees in connection with this application, I understand that my signature below also authorizes use of my credit card.

Print Name Here **CONNIE GREY SECT**
 (Print Name in Full - If registering for a corporation, print your full name and title)

Sign Here **C. Grey**
 (Sign Here)

Print Additional Name Here _____
 (Print Name in Full)

Additional Signature _____
 Sign Here _____
 (Sign Here - Additional signature required for a partnership or if registering this vehicle in more than one name.)

IMPORTANT: Making a false statement in any registration application or in any proof or statements in connection with it, or deceiving or substituting in connection with this application, is a misdemeanor under Section 392 of the Vehicle and Traffic Law, and may also result in the revocation or suspension of the registration pursuant to regulations established by the Commissioner. The Department makes no representation that it will issue a certificate of title or transferable registration until the Commissioner is satisfied that the applicant is entitled to a certificate of title or transferable registration, and until all documentation required to establish ownership of the vehicle is submitted and deemed to be satisfactory. Pending review of this application, neither the Commissioner of the Department of Motor Vehicles nor any of his or her employees, deputies or agents assumes any liability or responsibility for repairs performed, improvements made or work done to the vehicle referenced in this application.

CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT THE APPLICANT:
 My signature authorizes _____
 to use my credit card for payment of fees in connection with this application, and I understand that I must be present for this transaction.
 Sign Here _____
 (Cardholder Sign Name in Full)

To Be Completed by a Registered New York State Dealer Only - List any additional Lienholders

Lien Filing Code (Assigned by DMV)	Lienholder Name
Mailing Address (Number and Street)	(City) (State) (Zip Code)
Lien Filing Code (Assigned by DMV)	Lienholder Name
Mailing Address (Number and Street)	(City) (State) (Zip Code)

NY DEALER CERTIFICATION: I certify that all information provided on this application is true. I take responsibility for the integrity of the papers delivered to the Motor Vehicles office.
 (Signature of Dealer or Authorized Representative)

CERTIFICATE OF TITLE

Identification Number 1GAHG39K1B1167762		Year 2008	Make CHEV	Model BU	VIN 5421	Passenger Reg. No. 100248183	The Number 100248183
Prev. State FL	Color	Primary Brand	Secondary Brand	Use of Brand	Use	Prev. Reg. Date 02/28/2008	Use Release Interest in the described vehicle is hereby released By <u><i>Enrico A. Pina</i></u> Title <u><i>Agents</i></u> Date <u><i>8-30-2011</i></u>
Odometer Status or Vehicle Manufacturer's O.D. Mileage 14341 MILES		Date of Manufacture 11/13/2008		Actual ACTUAL	Prop.	Date of Sale 12/23/2008	

Registered Owner
ADIR PLAZA INC
391 EMPIRE BLVD
BROOKLYN NY 11225

1st Lienholder

11/13/2008
CITICAPITAL COMMERCIAL CORP
P O BOX 188647
IRVING TX 75016

PHOTO-COPY

DIVISION OF MOTOR VEHICLES

TALLAHASSEE

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Carl A. Ford
 Carl A. Ford
 Director

Control Number **092602662**

Electra Thodorides-Bush
 Electra Thodorides-Bush
 Executive Director

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Federal and/or state law requires that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name: *Group Travel Silver Inc*

Seller Must Enter Selling Price: *17435*

Address: *391 Empire Blvd, Brooklyn NY 11225*

I/We state that this ☐ is a ☐ 6 digit odometer now reads *14341*

(88,799) miles, date read *7/1/11* and I hereby certify that to the best of my knowledge the odometer reading is:

☒ 1. reflects ACTUAL MILEAGE

☐ 2. IS IN EXCESS OF ITS MECHANICAL LIMITS

☐ 3. IS NOT THE ACTUAL MILEAGE

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Name: *Adir Plaza Inc*
 Sign Here: *[Signature]*

CO-SELLER Name

Sign Here

Print Name: *Adir Plaza Inc*

Print Name

Selling Dealer's License Number

Tax No.

Tax Collected

Auction Notes

License Number

PURCHASER Name

Sign Here

CO-PURCHASER Name

Sign Here

Print Name: *Group Travel Silver Inc*

Print Name

NOTICE: THE BUYER IS REQUIRED TO PAY THE TAXES AND FEES FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE.

ISSUED 02/20/08 (REV. 01/08)

STATE OF FLORIDA

ODOMETER CERTIFICATION	
<p>SELLING DEALER'S License No. _____ Name _____ Address _____ City _____ State _____ Zip _____ Date Sold _____</p>	
<p>PURCHASER'S Name(s) _____ Address _____ City _____ State _____ Zip _____ Date Sold _____</p>	
<p>I WE STATE THAT THIS <input type="checkbox"/> 5 OR <input type="checkbox"/> 6 DIGIT ODOMETER NOW READS _____ (NO TENTHS) MILES, DATE READ _____ AND I HEREBY CAUTION: READ CAREFULLY BEFORE YOU CHECK A BOX <input type="checkbox"/> 1. REFLECTS ACTUAL MILEAGE <input type="checkbox"/> 2. IS IN EXCESS OF ITS MECHANICAL LIMITS (EXCEEDS OF ITS MECHANICAL LIMITS APPLIES TO 5 DIGIT ODOMETERS) <input type="checkbox"/> 3. IS NOT THE ACTUAL MILEAGE WARNING - ODOMETER DISCREPANCY</p>	
<p>PURCHASER MUST Sign Here: _____ Print Here: _____</p>	<p>CO-PURCHASER MUST Sign Here: _____ Print Here: _____</p>
<p>SELLER/AGENT MUST Sign Here: _____ Print Here: _____</p>	<p>Auction Name (When Applicable): _____ Auction License Number: _____</p>
<p>SELLING DEALER'S License No. _____ Name _____ Address _____ City _____ State _____ Zip _____ Date Sold _____</p>	
<p>PURCHASER'S Name(s) _____ Address _____ City _____ State _____ Zip _____ Date Sold _____</p>	
<p>I WE STATE THAT THIS <input type="checkbox"/> 5 OR <input type="checkbox"/> 6 DIGIT ODOMETER NOW READS _____ (NO TENTHS) MILES, DATE READ _____ AND I HEREBY CAUTION: READ CAREFULLY BEFORE YOU CHECK A BOX <input type="checkbox"/> 1. REFLECTS ACTUAL MILEAGE <input type="checkbox"/> 2. IS IN EXCESS OF ITS MECHANICAL LIMITS (EXCEEDS OF ITS MECHANICAL LIMITS APPLIES TO 5 DIGIT ODOMETERS) <input type="checkbox"/> 3. IS NOT THE ACTUAL MILEAGE WARNING - ODOMETER DISCREPANCY</p>	
<p>PURCHASER MUST Sign Here: _____ Print Here: _____</p>	<p>CO-PURCHASER MUST Sign Here: _____ Print Here: _____</p>
<p>SELLER/AGENT MUST Sign Here: _____ Print Here: _____</p>	<p>Auction Name (When Applicable): _____ Auction License Number: _____</p>
<p>SELLING DEALER'S License No. _____ Name _____ Address _____ City _____ State _____ Zip _____ Date Sold _____</p>	
<p>PURCHASER'S Name(s) _____ Address _____ City _____ State _____ Zip _____ Date Sold _____</p>	
<p>I WE STATE THAT THIS <input type="checkbox"/> 5 OR <input type="checkbox"/> 6 DIGIT ODOMETER NOW READS _____ (NO TENTHS) MILES, DATE READ _____ AND I HEREBY CAUTION: READ CAREFULLY BEFORE YOU CHECK A BOX <input type="checkbox"/> 1. REFLECTS ACTUAL MILEAGE <input type="checkbox"/> 2. IS IN EXCESS OF ITS MECHANICAL LIMITS (EXCEEDS OF ITS MECHANICAL LIMITS APPLIES TO 5 DIGIT ODOMETERS) <input type="checkbox"/> 3. IS NOT THE ACTUAL MILEAGE WARNING - ODOMETER DISCREPANCY</p>	
<p>PURCHASER MUST Sign Here: _____ Print Here: _____</p>	<p>CO-PURCHASER MUST Sign Here: _____ Print Here: _____</p>
<p>SELLER/AGENT MUST Sign Here: _____ Print Here: _____</p>	<p>Auction Name (When Applicable): _____ Auction License Number: _____</p>

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ADIR PLAZA INC

1GAHG39K181167762

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

111 Empire Fire & Marine Insurance Co.

Policy Number

Name & Address of Issuer **Williams and Stazzone Insurance Agency**
99 N Atlantic Ave
Cocoa Beach FL 32931

SF450120

Effective Date

Expiration Date

08/24/2011

10/01/2011

12:01 a.m.

12:01 a.m.

An authorized NEW YORK insurer certifies that it has issued
 a liability policy complying with Section 370 of the NEW YORK
 Vehicle and Traffic Law to:

(Not acceptable to obtain registration
 after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle:

GROUP;TRAVEL
SOLUTION;INC
391 EMPIRE BLVD
BROOKLYN NY 11225

2008	CHEVR
Year	Make
1GAHG39K181167762	15
Vehicle Identification Number	Seats

THIS ID CARD MUST BE CARRIED
 IN THE INSURED VEHICLE FOR
 PRODUCTION UPON DEMAND

WARNING: Any person who issues
 or produces an ID card knowing that
 an Owner's Policy of insurance is not in
 effect may be committing a misdemeanor.
 In addition, a person who presents
 an ID card if insurance is not in
 effect may be committing a
 misdemeanor.

The name of the registrant and the
 name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION:
 DMV WILL ONLY PROCESS A VEHICLE
 CHANGE (RE-REGISTRATION) USING
 THE REPLACED VEHICLE'S CURRENT
 REGISTRATION.

FH-1

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 CHANGE (RE-REGISTRATION) USING
 THE REPLACED VEHICLE'S CURRENT
 REGISTRATION.

FH-1

FAX: Scannable Bar Code

FAX INSTRUCTIONS:

1. The entire page must be faxed.
2. If submitted to DMV, either the entire page or the second ID card and large scannable bar code will be retained
3. A faxed ID card must be replaced with a scannable ID card within 14 days of the effective date.
4. DMV will not accept a faxed ID card without a scannable barcode

OUTS-AUTO NONTRANSFERABLE

1090710B13 FN769119 SEM 107.50
*FRJ7048

GROUP TRAVEL
SOLUTION INC.
FH

NYMA
Corp/Govt reg transaction

MMSC

NY-400 (Rev. 10-1-77)

VEHICLE REGISTRATION AUTHORIZATION

THIS FORM IS NOT VALID UNLESS IT IS ACCOMPANIED BY A CHECK OR CASH RECEIPT.

1. OWNER'S INFORMATION

NAME (Last, First, Middle) GROST TRAVEL SOLUTION INC

ADDRESS WHERE YOU GET YOUR MAIL 391 EMPIRE BLVD

ADDRESS WHERE YOU LIVE (IF DIFFERENT FROM MAILING ADDRESS, DO NOT WRITE IN THIS SPACE) 719 EASTERN PKWY

CITY BROOKLYN STATE NY ZIP CODE 11215

2. VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER 204GP44L75R31005X

YEAR 05 MAKE DODGE

3. REGISTRATION INFORMATION

WHAT DO YOU WANT TO DO? (See Form NY-400.1, Registering a Vehicle in New York State, for more information.)

☒ REGISTER this vehicle for the first time ☐ TRANSFER Plate Number FCM 1249 to this vehicle

☐ RENEW plate # FCM 1249 ☐ CHANGE registration for Plate Number FCM 1249 (see box 1)

☐ RENEW lost registration items

4. ADDITIONAL INFORMATION

Is there a lien on this vehicle? ☐ Yes ☒ No

Is this registration for a corporation or partnership? ☒ Yes ☐ No

5. SIGNATURE AND NOTARIZATION

Signature of Owner or Authorized Agent [Signature]

Notary Public [Signature]

6. FEE INFORMATION

REGISTRATION FEE 85.85

SALES TAX 0.00

TITLE FEE 0.00

PLATE FEE 0.00

TOTAL 85.85

NAME (Last, first, middle initial) _____
 ADDRESS (Street, city, state, zip) _____
 PHONE (Area code, number) _____

NAME (Last, first, middle initial) _____
 ADDRESS (Street, city, state, zip) _____
 PHONE (Area code, number) _____

NAME (Last, first, middle initial) _____
 ADDRESS (Street, city, state, zip) _____
 PHONE (Area code, number) _____

ADDITIONAL VEHICLE INFORMATION

- I certify that, to the best of my knowledge, this vehicle ☐ has been or ☒ has not been wrecked, destroyed or damaged to such an extent that the total cost, or actual cost, of parts and labor to rebuild or reconstruct the vehicle to the condition it was in before an accident and/or total operation on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss. (Checking the "has been" box means the vehicle must have an anti-theft examination before being registered, and that the title issued will have the statement "Rebuilt Salvage" on it.)
- Is this vehicle registered for your own personal use? ☐ Yes ☒ No
 If "Yes", go to question 3 below. If "No", check any of the following boxes that apply:
☐ It is a passenger vehicle to be used for hire with a driver and operated in:
☐ New York City ☐ A jurisdiction other than NYC, that regulates taxis ☐ A jurisdiction that does not regulate taxis
☒ It is a passenger vehicle that is rented without a driver.
☐ It requires a commercial operating authority permit:
☐ NYS DOT Permit No. _____ ☐ I.C.C. Permit No. _____ ☐ US DOT Permit No. _____
☐ It is government-owned.
☐ It is used as an ☐ ambulance ☐ ambulance ☐ hearse/invalid coach Check this box if: ☐ payment is received to carry passengers
☐ It is used exclusively as a hearse Check this box if: ☐ payment is received to carry passengers
☐ It is a commercial tow truck with a GVWR of at least 8,600 lbs.
☐ It is used only as a farm vehicle (Form MV-260F, Part 1, must be attached). ☐ It is used only as an agricultural truck.
- Has this vehicle been modified to change its registration class? ☐ Yes ☒ No If "Yes", explain _____
- This vehicle is a pick-up truck with an unladen weight of 5,500 pounds or less, used exclusively for non-commercial purposes, with no advertising anywhere on it, and you want? ☐ Passenger Plates ☐ Commercial Plates

CERTIFICATION: The information I have given on this application is true to the best of my knowledge. I certify that the vehicle is fully equipped as required by the Vehicle and Traffic Law, and has passed the required New York State inspection within the past 12 months, or has qualified for a time extension (Form VG-1077) and will be inspected within 10 days. I also certify that appropriate insurance coverage is in effect, and that the vehicle will be operated in accordance with the Vehicle and Traffic Law. If I am applying for replacement registration items, I certify that the registration is not currently under suspension or revocation. If I have plates in a series reserved for a special group, I certify that I am still eligible to receive them, and that I have only one set of these plates. If I am using a credit card for payment of any fees in connection with this application, I understand that my signature below also authorizes use of my credit card.

Print Name Here Connie Grey - Sec
 Print Address Here _____
 Name Here _____
 (Print Name in Full - If registering for a corporation, print your full name and title)
 (Print Name in Full)

Sign Here C. Grey
 Additional Signature _____
 Sign Here _____
 (Sign Here - Additional signature required for a partnership or if registering this vehicle in more than one name.)

IMPORTANT: Making a false statement in any registration application or in any proof or statements in connection with it, or depriving or substituting in connection with this Application, is a misdemeanor under Section 302 of the Vehicle and Traffic Law, and may also result in the revocation or suspension of the registration pursuant to regulations established by the Commissioner. The Department makes no representation that it will issue a certificate of title or transferable registration until the Commissioner is satisfied that the applicant is entitled to a certificate of title or transferable registration, and until all documents required to establish ownership of the vehicle is submitted and deemed to be satisfactory. Pending review of this application, neither the Commissioner of the Department of Motor Vehicles nor any of his or her employees, deputies or agents assumes any liability or responsibility for repairs performed, improvement, made or work done to the vehicle referenced in this application.

CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT THE APPLICANT:

My signature authorizes _____
 to use my credit card for payment of any fees in connection with this application.

Sign Here _____
 (Cardholder's Name in Full)

To Be Completed by a Registered New York State Dealer Only - List any additional Dealerships

Line Filing Code (Assigned by DMV)	Dealer Name	City	State	Zip Code
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____

BY DEALER CERTIFICATION: I certify that all information provided on this application is true. I take responsibility for the integrity of the papers delivered to the Motor Vehicle office.

Signature of Dealer or Authorized Representative

000029

CERTIFICATE OF TITLE



NEW YORK STATE

www.nysdmv.com

THIS IS A DUPLICATE CERTIFICATE AND MAY BE
SUBJECT TO THE RIGHTS OF A PERSON UNDER THE
ORIGINAL CERTIFICATE

Title and Identification No.

2D4GP44L75R390052
2D4GP44L75R390052

Year

2005

Make

DODGE

Model Code

CVN

Body/Hull

SUBN

Document No.

968325L

Color

MR

Wt./Sts. Lgh.

4221

Fuel

GAS

Cyl./Prop.

6

New or Used

USED

Type of Title

VEHICLE

Date Issued

5/11/10

Name and Address of Owner(s)

SEEAG, GAD
1449 CARROLL ST
BROOKLYN NY 11213

ODOMETER READING:

76692

ACTUAL MILEAGE

76692

This document is your proof of ownership for this vehicle, boat or manufactured home. Keep it in a safe place, not with your license or registration or in your vehicle or boat. To dispose of your vehicle, boat or manufactured home, complete the transfer section on the back and give this title to the new owner.

Lienholder

Lienholder

* NO LIENS RECORDED *

* NO LIENS RECORDED *

Lienholder

Lienholder

* NO LIENS RECORDED *

* NO LIENS RECORDED *

MV-999 (4/08)

DEPARTMENT OF MOTOR VEHICLES

VOID IF ALTERED

ANY CHANGE OR ERASURE WILL VOID THIS TITLE -- ANY FALSE STATEMENT IS A MISDEMEANOR

SECTION I - Transfer by Owner

ODOMETER DISCLOSURE STATEMENT

Note: This vehicle cannot be registered or titled in the name of the new owner unless mileage is disclosed.

Federal and State Law require that you state the mileage of the vehicle described on this certificate when transferring ownership. Failure to do so, or providing a false statement, may result in fines and/or imprisonment.

I certify that, to the best of my knowledge, this odometer reading (check one):

- ☒ 1. reflects the ACTUAL MILEAGE as seen on the odometer of the vehicle described on the front.
☐ 2. EXCEEDS MECHANICAL LIMITS (odometer started over at zero)
☐ 3. not the actual mileage. WARNING - ODOMETER DISCREPANCY.

ODOMETER READING

85,853

(no tenths)

ODOMETER HAS SPACE FOR: (Check one)

- ☐ Five Digits, excluding tenths
☒ Six Digits, excluding tenths

DAMAGE DISCLOSURE STATEMENT (To be Completed by Owner Named on Face of Title)

I certify that, to the best of my knowledge, this vehicle ☐ has been or ☒ has not been wrecked, destroyed or damaged to such an extent that the total estimate or actual cost of parts and labor to rebuild or reconstruct the vehicle to the condition it was in before an accident, and for legal operation on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss. (Checking the "has" box means that the vehicle must have an anti-theft examination before being registered and that the title issued will have the statement "Rebuilt Salvage: NY" on it.)

I or we transfer the vehicle, boat or manufactured home described on this certificate. At the time of transfer, this title is subject only to the liens or encumbrances listed on this certificate, if any. I also certify that this is the most recent title issued for this vehicle, boat or manufactured home.

Note: Section 2113 of the Vehicle and Traffic Law requires that application for a title must be made within 30 days of transfer.

Seller's Signature

Seller's Name (Print in Full)

Street Address

City

State

ZIP code

Date of Statement

Buyer's Signature

Buyer's Name (Print in Full)

Street Address

City

State

ZIP code

Date of Statement

SECTION II - Reassignment by Manufactured Home Dealer or Registered Boat Dealer or Out-of-State Dealer

ODOMETER DISCLOSURE STATEMENT

Note: This vehicle cannot be registered or titled in the name of the new owner unless mileage is disclosed.

Federal and State Law require that you state the mileage of the vehicle described on this certificate when transferring ownership. Failure to do so, or providing a false statement, may result in fines and/or imprisonment.

I certify that, to the best of my knowledge, this odometer reading (check one):

- ☐ 1. reflects the ACTUAL MILEAGE of the vehicle described on the front.
☐ 2. EXCEEDS MECHANICAL LIMITS (odometer started over at zero)
☐ 3. not the actual mileage. WARNING - ODOMETER DISCREPANCY.

ODOMETER READING

(no tenths)

ODOMETER HAS SPACE FOR: (Check one)

- ☐ Five Digits, excluding tenths
☐ Six Digits, excluding tenths

I or we transfer the vehicle, boat or manufactured home described on this certificate. At the time of transfer, this title is subject only to the liens or encumbrances listed on this certificate, if any. I also certify that this is the most recent title issued for this vehicle, boat or manufactured home.

Note: Section 2113 of the Vehicle and Traffic Law requires that application for a title must be made within 30 days of transfer.

Seller's Signature

Seller's Name (Print in Full)

Street Address

City

State

ZIP code

Date of Statement

Buyer's Signature

Buyer's Name (Print in Full)

Street Address

City

State

ZIP code

Date of Statement

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE

111 Empire Fire & Marine Insurance Co.

Policy Number

Name & Address of Issuer **Williams and Slazzone Insurance Agent** SF228728

99 N Atlantic Ave
Cocoa Beach FL 32931

Effective Date

05/24/2010

Expiration Date

10/01/2010

An authorized NEW YORK insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

**GROUP TRAVEL
SOLUTION INC
381 EMPIRE BLVD
BROOKLYN NY 11225**

Applicable with respect to the following Motor Vehicle:

2005

Year

DOBGE

Make

204GP44L75R390052

Vehicle Identification Number

12

Seats

**THIS ID CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMAND**

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of Insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if Insurance is not in effect may be committing a misdemeanor.

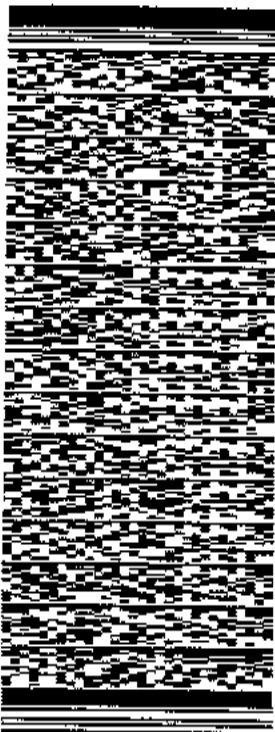
The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION:
DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



FH-1

FAX: Scannable Bar Code



FAX INSTRUCTIONS:

1. The entire page must be faxed.
2. If submitted to DMV, either the entire page or the second ID card and large scannable bar code will be retained.
3. A faxed ID card must be replaced with a scannable ID card within 14 days of the effective date.
4. DMV will not accept a faxed ID card without a scannable barcode.

AUTO NONTRANSFERABLE
0052410302 FF964824 LMB 140.50
*FCM1249
GROUP TRAVEL
SOLUTION INC
FH
NYMA
Corp/Govt reg transaction

3524145110

5 CHANGES: To change information on a current registration and/or title, be sure to enter the new information on page 1 of this form. (See Form MV-82.1, Registering a Vehicle in New York State, for more information.)

NAME CHANGE: Print former name exactly as it appears on the current registration or title.
Adrian Plaza

CHANGES: Describe any vehicle changes and the reasons for the changes.
Body/ Hull is listed currently as BUS. It is a passenger van 12 seats.

6 ADDITIONAL VEHICLE INFORMATION — QUESTIONS 1-3 MUST BE COMPLETED.

1. I certify that, to the best of my knowledge, this vehicle ☐ has been or ☒ has not been wrecked, destroyed or damaged to such an extent that the total estimate, or actual cost, of parts and labor to rebuild or reconstruct the vehicle to the condition it was in before an accident, and for legal operation on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss. (Checking the "has been" box means the vehicle must have an anti-theft examination before being registered, and that the title issued will have the statement "Rebuilt Salvage" on it.)

2. Is this vehicle registered for your own personal use? ☐ Yes ☒ No
 If "Yes", go to question 3 below. If "No", check any of the following boxes that apply:

☐ It is a passenger vehicle to be used for hire with a driver and operated in:
☐ New York City ☐ A jurisdiction other than NYC, that regulates taxis ☐ A jurisdiction that does not regulate taxis

☒ It is a passenger vehicle that is rented without a driver.

☐ It requires a commercial operating authority permit:
☐ NYS DOT Permit No. _____ ☐ I.C.C. Permit No. _____ ☐ US DOT Permit No. _____

☐ It is government-owned.

☐ It is used as an ☐ ambulance ☐ ambulance ☐ hearse/invalid coach Check this box if: ☐ payment is received to carry passengers

☐ It is used exclusively as a hearse Check this box if: ☐ payment is received to carry passengers

☐ It is a commercial tow truck with a GVWR of at least 8,600 lbs.

☐ It is used only as a farm vehicle (Form MV-260F, Part 1, must be attached). ☐ It is used only as an agricultural truck.

3. Has this vehicle been modified to change its registration class? ☐ Yes ☒ No If "Yes", explain _____

4. This vehicle is a pick-up truck with an unladen weight of 5,500 pounds or less, used exclusively for non-commercial purposes, with no advertising anywhere on it, and you want? ☐ Passenger Plates ☐ Commercial Plates

7 CERTIFICATION: The information I have given on this application is true to the best of my knowledge. I certify that the vehicle is fully equipped as required by the Vehicle and Traffic Law, and has passed the required New York State inspection within the past 12 months, or has qualified for a time extension (Form VS-1077) and will be inspected within 10 days. I also certify that appropriate insurance coverage is in effect, and that the vehicle will be operated in accordance with the Vehicle and Traffic Law. If I am applying for replacement registration items, I certify that the registration is not currently under suspension or revocation. If I have plates in a series reserved for a special group, I certify that I am still eligible to receive them, and that I have only one set of these plates. **If I am using a credit card for payment of any fees in connection with this application, I understand that my signature below also authorizes use of my credit card.**

Print Name Here CONNIE GREY SECT Sign Here C. Grey
 (Print Name in Full - If registering for a corporation, print your full name and title) (Sign Here)

Print Additional Name Here _____ Additional Signature Sign Here _____
 (Print Name in Full) (Sign Here - Additional signature required for a partnership or if registering this vehicle in more than one name.)

IMPORTANT: Making a false statement in any registration application or in any proof or statements in connection with it, or deceiving or substituting in connection with this application, is a misdemeanor under Section 392 of the Vehicle and Traffic Law, and may also result in the revocation or suspension of the registration pursuant to regulations established by the Commissioner. The Department makes no representation that it will issue a certificate of title or transferable registration until the Commissioner is satisfied that the applicant is entitled to a certificate of title or transferable registration, and until all documentation required to establish ownership of the vehicle is submitted and deemed to be satisfactory. Pending review of this application, neither the Commissioner of the Department of Motor Vehicles nor any of his or her employees, deputies or agents assumes any liability or responsibility for repairs performed, improvements made or work done to the vehicle referenced in this application.

CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT THE APPLICANT:
 My signature authorizes _____ Sign Here _____
 to use my credit card for payment of fees in connection with this application, and I understand that I must be present for this transaction. (Cardholder Sign Name in Full)

To Be Completed by a Registered New York State Dealer Only - List any additional Lienholders

Lien Filing Code (Assigned by DMV)	Lienholder Name
Mailing Address (Number and Street)	(City) (State) (Zip Code)
Lien Filing Code (Assigned by DMV)	Lienholder Name
Mailing Address (Number and Street)	(City) (State) (Zip Code)

NY DEALER CERTIFICATION: I certify that all information provided on this application is true. I take responsibility for the integrity of the papers delivered to the Motor Vehicles office. _____
 (Signature of Dealer or Authorized Representative)

ANY CHANGE OR ERASURE WILL VOID THIS TITLE -- ANY FALSE STATEMENT IS A MISDEMEANOR

SECTION I - Transfer by Owner

ODOMETER DISCLOSURE STATEMENT

Note: This vehicle cannot be registered or titled in the name of the new owner unless mileage is disclosed. Federal and State Law require that you state the mileage of the vehicle described on this certificate when transferring ownership. Failure to do so, or providing a false statement, may result in fines and/or imprisonment.

- I certify that, to the best of my knowledge, this odometer reading (check one):
- ☒ 1. reflects the ACTUAL MILEAGE as seen on the odometer of the vehicle described on the front.
- ☐ 2. EXCEEDS MECHANICAL LIMITS (odometer started over at zero).
- ☐ 3. not the actual mileage. WARNING - ODOMETER DISCREPANCY

ODOMETER READING

52,540

(no tenths)

ODOMETER HAS SPACE FOR: (Check one)

- ☐ Five Digits, excluding tenths.
- ☐ Six Digits, excluding tenths.

DAMAGE DISCLOSURE STATEMENT (To be Completed by Owner Named on Face of Title)

I certify that, to the best of my knowledge, this vehicle ☐ has been or ☒ has not been wrecked, destroyed or damaged to such an extent that the total estimate or actual cost of parts and labor to rebuild or reconstruct the vehicle to the condition it was in before an accident, and for legal operation on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss. (Checking the "has" box means that the vehicle must have an anti-theft examination before being registered and that the title issued will have the statement "Rebuilt Salvage: NY" on it.)

I or we transfer the vehicle, boat or manufactured home described on this certificate. At the time of transfer, this title is subject only to the liens or encumbrances listed on this certificate, if any. I also certify that this is the most recent title issued for this vehicle, boat or manufactured home.

Note: Section 2113 of the Vehicle and Traffic Law requires that application for a title must be made within 30 days of transfer.

Seller	Seller's Signature: <u>C. Gray</u>		Seller's Name (Print in Full): <u>Carmine Gray - Adm. Place Inc</u>	
	Street Address: <u>341 Empire Blvd</u> City: <u>Brockton</u> State: <u>MA</u> ZIP Code: <u>01909</u>		Date of Statement: <u>8/26/10</u>	
Buyer	Buyer's Signature: <u>W. Gray</u>		Buyer's Name (Print in Full): <u>Phil P. Gray - Grand Island</u>	
	Street Address: <u>341 Empire Blvd</u> City: <u>Brockton</u> State: <u>MA</u> ZIP Code: <u>01909</u>		Date of Statement: <u>8/26/10</u>	

SECTION II - Reassignment by Manufactured Home Dealer or Registered Boat Dealer or Out-of-State Dealer

ODOMETER DISCLOSURE STATEMENT

Note: This vehicle cannot be registered or titled in the name of the new owner unless mileage is disclosed. Federal and State Law require that you state the mileage of the vehicle described on this certificate when transferring ownership. Failure to do so, or providing a false statement, may result in fines and/or imprisonment.

- I certify that, to the best of my knowledge, this odometer reading (check one):
- ☐ 1. reflects the ACTUAL MILEAGE of the vehicle described on the front.
- ☐ 2. EXCEEDS MECHANICAL LIMITS (odometer started over at zero).
- ☐ 3. not the actual mileage. WARNING ODOMETER DISCREPANCY

ODOMETER READING

(no tenths)

ODOMETER HAS SPACE FOR: (Check one)

- ☐ Five Digits, excluding tenths.
- ☐ Six Digits, excluding tenths.

I or we transfer the vehicle, boat or manufactured home described on this certificate. At the time of transfer, this title is subject only to the liens or encumbrances listed on this certificate, if any. I also certify that this is the most recent title issued for this vehicle, boat or manufactured home.

Note: Section 2113 of the Vehicle and Traffic Law requires that application for a title must be made within 30 days of transfer.

Seller	Seller's Signature:		Seller's Name (Print in Full):	
	Street Address: City: State: ZIP Code:		Date of Statement:	
Buyer	Buyer's Signature:		Buyer's Name (Print in Full):	
	Street Address: City: State: ZIP Code:		Date of Statement:	

1 22822

New York State Department of Motor Vehicles

00505

020608

NOTICE OF RECORDED LIEN

I.D. Number
1FBNE31L17DA80174Year
2007Make
FORDCITICAPITAL
COMMERCIAL CORP
PO BOX 168647
IRVING TX

75016

5639
Wgt/Lgh.GAS
Fuel8
Cyl/Prop.BUS
Body/HullWH
Color

Owner: If you have moved and have not yet notified this Department of your new address, cross out the address shown and print your new address in its place.

OWNER

ADIR PLAZA INC
391 EMPIRE BLVD
BROOKLYN NY

11225

ADDITIONAL LIENHOLDERS

The following information applies only to the lienholder shown in the box above.

- ☒ Our security interest in the vehicle, boat or manufactured home described in this notice has been satisfied.
- ☐ We have assumed ownership of this vehicle, boat or manufactured home. We are transferring ownership to:
- ☐ We have assigned our security interest in this vehicle, boat or manufactured home to:

Lien Filing Code

Name

Date of Assignment

No. and Street

City

State

Authorized Signature

Date

CitiCapital
Commercial Corp.

you are the owner named on this notice, you can keep this notice with the Certificate of Title and when you sell the vehicle, boat or manufactured home, give the transferred Title AND this notice to the new owner. To obtain a lien-free Title before then, return your current Title, this lien notice and a \$20.00 fee to the DMV, Title Bureau, 6 Empire State Plaza, Albany NY 12228-0330. (Check or money order should be made payable to the Commissioner of Motor Vehicles.)

you cannot locate the Title for the vehicle, boat or manufactured home, you must apply for a duplicate. You may apply for a duplicate by completing Form MV-902 (available at a DMV office or on our web site at www.nysdmv.com) and mailing it with a \$20.00 check or money order AND this lien notice to the DMV, Title Bureau at the above address.

your address has not changed since you last registered the vehicle and your registration shows your current address, you may be able to apply for a duplicate title on line. For more information, please visit our web site listed above.

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES
INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE
111 Empire Fire & Marine Insurance Co.

Name & Address of Issuer **Williams and Stazzone Insurance Agency**
99 N Atlantic Ave
Cocoa Beach FL 32931

Policy Number

SF229728

Effective Date

08/30/2010

Expiration Date

10/01/2010

12:01 a.m.

12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle:

2007**FORD**

Year

Make

1FBNE31L17DA80174**12**

Vehicle Identification Number

Seats

GROUP; TRAVEL
SOLUTION; INC
391 EMPIRE BLVD
BROOKLYN NY 11225
THIS ID CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMAND
WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of Insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION:
DMV WILL ONLY PROCESS A VEHICLE
CHANGE (RE-REGISTRATION) USING
THE REPLACED VEHICLE'S CURRENT
REGISTRATION.

FH-1

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES
INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE
111 Empire Fire & Marine Insurance Co.

Name & Address of Issuer **Williams and Stazzone Insurance Agency**
99 N Atlantic Ave
Cocoa Beach FL 32931

Policy Number

SF229728

Effective Date

08/30/2010

Expiration Date

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12:01 a.m.

12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle:

2007**FORD**

Year

Make

1FBNE31L17DA80174**12**

Vehicle Identification Number

Seats

GROUP; TRAVEL
SOLUTION; INC
391 EMPIRE BLVD
BROOKLYN NY 11225
THIS ID CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMAND
WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of Insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION:
DMV WILL ONLY PROCESS A VEHICLE
CHANGE (RE-REGISTRATION) USING
THE REPLACED VEHICLE'S CURRENT
REGISTRATION.

FH-1

FAX: Scanable Bar Code
FAX INSTRUCTIONS:

1. The entire page must be faxed.
2. If submitted to DMV, either the entire page or the second ID card and large scanable bar code will be retained.
3. A faxed ID card must be replaced with a scanable ID card within 14 days of the effective date.
4. DMV will not accept a faxed ID card without a scanable barcode.

MV-82



New York State Department of Motor Vehicles

VEHICLE REGISTRATION/TITLE APPLICATION

This form is also available on DMV's web site - www.dmv.ny.gov

Batch File No.	1090710 B13		
<input checked="" type="checkbox"/> Orig	<input type="checkbox"/> Activity	<input type="checkbox"/> Renewal	<input type="checkbox"/> Lease Buyout
<input type="checkbox"/> Dup	<input type="checkbox"/> Activity W/RR	<input type="checkbox"/> Renew W/RR	<input type="checkbox"/> Sales Tax with Title

Old Plate	Old Class	3 of Name	Ins. Co. Code	Exp. Date															
Scufflaw Case Number(s)	New Plate	New Class	0145																
Special Conditions	AT	BV	CF	CO	CP	EX	FL	GI	IF	MO	NE	NF	NR	NU	OD	OP	OV	PA	
Sales Tax Information	Status	Value (\$)	Jurisdiction	Rate	Out of State	Aud.													

Did you issue plates to this vehicle?	Plate Number	Reg. Class	Date Temp Issued	Facility ID Number	Is there a lienholder?	Yes	No
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", enter the information in Dealer Only box below.	

INSTRUCTIONS → COMPLETE BOXES 1, 2, 4, 6 and 7. COMPLETE BOXES 3 AND 5 ONLY IF NECESSARY. PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.

1 WHAT DO YOU WANT TO DO? (See Form MV-82.1, Registering a Vehicle in New York State, for more information.)

☒ REGISTER this vehicle for the first time ☐ CHANGE a title (see box 5) ☐ TITLE ONLY for a 1973 or newer vehicle

For the following options, please enter PLATE NUMBER

☐ RENEW Registration ☐ CHANGE Registration (see box 5) ☐ REPLACE lost registration items ☐ TRANSFER Plate Number to this Vehicle ☐ LEASE BUY-OUT

2 NAME OF PRIMARY REGISTRANT (Last, First, Middle)
GROUP TRAVEL SOLUTION INC

NAME OF CO-REGISTRANT (Last, First, Middle)

DAY PHONE NO. (Optional)
Area Code

NAME CHANGE? ☐ YES (see box 3) ☒ NO

ADDRESS CHANGE? ☐ YES ☒ NO

Is this registration for a corporation or partnership? ☒ Yes ☐ No

How was this vehicle obtained? ☒ New ☐ Leased New ☐ Used ☐ Leased Used

PRIMARY REGISTRANT ADDRESS WHERE YOU GET YOUR MAIL (Include Street Number and Name, Rural Delivery and/or box number. This address will appear on the document.)

391 EMPIRE BLVD Apt. No. City or Town State Zip Code County of Residence
Brooklyn N Y 11225 KINGS

PRIMARY REGISTRANT ADDRESS WHERE YOU LIVE (IF DIFFERENT FROM MAILING ADDRESS, DO NOT GIVE P.O. BOX.)

Apt. No. City or Town State Zip Code

3 OWNER CLIENT ID NO. (from Driver License)

NAME OF CURRENT OWNER (Last, First, Middle)

DATE OF BIRTH
Month Day Year

OWNER'S DAY PHONE NO. (Optional)
Area Code

ADDRESS WHERE OWNER GETS MAIL (Include Street Number and Name, Rural Delivery and/or box number.)

Apt. No. City or Town State Zip Code County

AUTHORIZATION: The registrant named in box 2 is authorized to register the vehicle described in box 4.

(Owner's/Authorized Signature-Co-owner's Signature if applicable) (Date)

4 VEHICLE IDENTIFICATION NUMBER
1GARG39K381158173

VEHICLE DESCRIPTION
Year Make 2008 CHEVROLET

Body Type For Cars
☐ 2-Door ☐ 4-Door ☐ Convertible ☐ Station Wagon/ Suburban ☐ Other

Body Type For Other Vehicles
☐ Pick-up ☒ Van ☐ Motorcycle ☐ Tow ☐ Trailer ☐ Other

Color white **Unladen Weight** 6421

Type of Power (Fuel)
☒ Gas ☐ Diesel ☐ Electric ☐ Flex ☐ CNG ☐ Propane ☐ Nonn

Cylinders 8 **For trailers & commercial vehicles Max. Gross Weight** **For trailers, buses & taxis Seating Cap.** 15 **Odometer Reading, in Miles** 80186

Vehicle's ODOMETER has room for how many numbers (5, 6 or 7 - do not include tenths)?

For commercial vehicles
Axles Distance

Lien Filing Code (Assigned by DMV) **Lienholder Name and Mailing Address**

Mileage Based **Owner** **Insured** **Year** **Lien** **Lien Release**

Reg. Title **State** **Appraised By** **Date** **Old Fee** **Operator**

Reg. Title **State** **Appraised By** **Date** **Old Fee** **Operator**

5 CHANGES - To change information on a current registration and/or title, be sure to enter the new information on page 1 of this form. (See Form MV-82.1, Registering a Vehicle in New York State, for more information.)

NAME CHANGE: Print former name exactly as it appears on the current registration or title.

CHANGES: Describe any vehicle changes and the reasons for the changes.

6 ADDITIONAL VEHICLE INFORMATION → **QUESTIONS 1-3 MUST BE COMPLETED.**

- I certify that, to the best of my knowledge, this vehicle ☒ has been or ☐ has not been wrecked, destroyed or damaged to such an extent that the total estimate, or actual cost, of parts and labor to rebuild or reconstruct the vehicle to the condition it was in before an accident, and for legal operation on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss. (Checking the "has been" box means the vehicle must have an anti-theft examination before being registered, and that the title issued will have the statement "Rebuilt Salvage" on it.)
- Is this vehicle registered for your own personal use? ☒ Yes ☐ No
If "Yes", go to question 3 below. If "No", check any of the following boxes that apply:
☐ It is a passenger vehicle to be used for hire with a driver and operated in:
☐ New York City ☐ A jurisdiction other than NYC, that regulates taxis ☐ A jurisdiction that does not regulate taxis
☒ It is a passenger vehicle that is rented without a driver.
☐ It requires a commercial operating authority permit:
☐ NYS DOT Permit No. _____ ☐ I.C.C. Permit No. _____ ☐ US DOT Permit No. _____
☐ It is government-owned.
☐ It is used as an ☐ ambulance ☐ ambulance ☐ hearse/invalid coach Check this box if: ☐ payment is received to carry passengers
☐ It is used exclusively as a hearse Check this box if: ☐ payment is received to carry passengers
☐ It is a commercial tow truck with a GVWR of at least 8,600 lbs.
☐ It is used only as a farm vehicle (Form MV-260F, Part 1, must be attached). ☐ It is used only as an agricultural truck.
- Has this vehicle been modified to change its registration class? ☒ Yes ☐ No If "Yes", explain _____
- This vehicle is a pick-up truck with an unladen weight of 5,500 pounds or less, used exclusively for non-commercial purposes, with no advertising anywhere on it, and you want? ☐ Passenger Plates ☐ Commercial Plates

7 CERTIFICATION: The information I have given on this application is true to the best of my knowledge. I certify that the vehicle is fully equipped as required by the Vehicle and Traffic Law, and has passed the required New York State inspection within the past 12 months, or has qualified for a time extension (Form VS-1077) and will be inspected within 10 days. I also certify that appropriate insurance coverage is in effect, and that the vehicle will be operated in accordance with the Vehicle and Traffic Law. If I am applying for replacement registration items, I certify that the registration is not currently under suspension or revocation. If I have plates in a series reserved for a special group, I certify that I am still eligible to receive them, and that I have only one set of these plates. If I am using a credit card for payment of any fees in connection with this application, I understand that my signature below also authorizes use of my credit card.

Print Name Here **CONNIE GREY SECT**

(Print Name in Full - If registering for a corporation, print your full name and title)

Print Additional Name Here

(Print Name in Full)

Sign Here **C. Grey**
Additional Signature
Sign Here

(Sign Here)

(Sign Here - Additional signature required for a partnership or if registering this vehicle in more than one name.)

IMPORTANT: Making a false statement in any registration application or in any proof or statement in connection with it, or deceiving or substituting in connection with this application, is a misdemeanor under Section 392 of the Vehicle and Traffic Law, and may also result in the revocation or suspension of the registration pursuant to regulations established by the Commissioner. The Department makes no representation that it will issue a certificate of title or transferable registration until the Commissioner is satisfied that the applicant is entitled to a certificate of title or transferable registration, and until all documentation required to establish ownership of the vehicle is submitted and deemed to be satisfactory. Pending review of this application, neither the Commissioner of the Department of Motor Vehicles nor any of his or her employees, deputies or agents assumes any liability or responsibility for repairs performed, improvements made or work done to the vehicle referenced in this application.

CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT THE APPLICANT:

My signature authorizes _____ to use my credit card for payment of fees in connection with this application, and I understand that I must be present for this transaction.

Sign Here

(Cardholder Sign Name in Full)

To Be Completed by a Registered New York State Dealer Only - List any additional Lienholders

Lien Filing Code (Assigned by DMV)	Lienholder Name	(Number and Street)	(City)	(State)	(Zip Code)
Mailing Address					
Lien Filing Code (Assigned by DMV)	Lienholder Name	(Number and Street)	(City)	(State)	(Zip Code)
Mailing Address					

NY DEALER CERTIFICATION: I certify that all information provided on this application is true, I take responsibility for the integrity of the papers delivered to the Motor Vehicles office.

(Signature of Dealer or Authorized Representative)

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES
INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE
111 Empire Fire & Marine Insurance Co.

Name & Address of Issuer **Williams and Stazzone Insurance Agency**
99 N Atlantic Ave
Cocoa Beach FL 32931
Policy Number **SF450120**Effective Date **08/24/2011**Expiration Date **10/01/2011**

12:01 a.m.

12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.)

An authorized NEW YORK insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

GROUP; TRAVEL
SOLUTION; INC
391 EMPIRE BLVD
BROOKLYN NY 11225

Applicable with respect to the following Motor Vehicle:

2008**CHEVR**

Year

Make

1GAHG39K381158173**15**

Vehicle Identification Number

Seats

THIS ID CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMAND
WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION:
DMV WILL ONLY PROCESS A VEHICLE
CHANGE (RE-REGISTRATION) USING
THE REPLACED VEHICLE'S CURRENT
REGISTRATION.

FH-1

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES
INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE
111 Empire Fire & Marine Insurance Co.

Name & Address of Issuer **Williams and Stazzone Insurance Agency**
99 N Atlantic Ave
Cocoa Beach FL 32931
Policy Number **SF450120**Effective Date **08/24/2011**Expiration Date **10/01/2011**

12:01 a.m.

12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.)

An authorized NEW YORK insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

GROUP; TRAVEL
SOLUTION; INC
391 EMPIRE BLVD
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Applicable with respect to the following Motor Vehicle:

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DMV WILL ONLY PROCESS A VEHICLE
CHANGE (RE-REGISTRATION) USING
THE REPLACED VEHICLE'S CURRENT
REGISTRATION.

FH-1

FAX: Scannable Bar Code

FAX INSTRUCTIONS:

1. The entire page must be faxed.
2. If submitted to DMV, either the entire page or the second ID card and large scannable bar code will be retained.
3. A faxed ID card must be replaced with a scannable ID card within 14 days of the effective date.
4. DMV will not accept a faxed ID card without a scannable barcode.

0907150322

New York State Department of Motor Vehicles

VEHICLE REGISTRATION/TITLE APPLICATION

This form is also available on DMV's web site - www.ny.gov/dmv.com

Batch File No.	010157081E			
<input checked="" type="checkbox"/> Orig	<input type="checkbox"/> Activity	<input type="checkbox"/> Renewal	<input type="checkbox"/> Lease Buyout	
<input type="checkbox"/> Dup	<input type="checkbox"/> Activity WRR	<input type="checkbox"/> Renew WRR	<input type="checkbox"/> Sales Tax with Title	

Old Title	FCM 1249	Old Class	PB	3 of 4	GRO	Ins. Co. Code	111	Exp. Date	
Special Conditions	AT	BV	CF	CO	CP	ER	EX	FL	GI
PC	PC	RE	SA	SO	SR	SS	SV	TE	TL
MO	NE	NF	NR	NU	OD	OP	OV	PA	
Rate	Out of State	Audit							
Did you issue plates to this vehicle?	Yes	No	Plate Number	Reg. Class	Date Temp Issued	Facility ID Number	Is there a lienholder? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" enter the information in Dealer Only box below.		

COMPLETE BOXES 1, 2, 4, 6 and 7. COMPLETE BOXES 3 AND 5 ONLY IF NECESSARY.

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.

WHAT DO YOU WANT TO DO? (See Form MV-82.1, Registering a Vehicle in New York State, for more information.)

<input checked="" type="checkbox"/> REGISTER this vehicle for the first time	<input type="checkbox"/> TRANSFER Plate Number	<input type="checkbox"/> CHANGE a title (see box 6)
<input type="checkbox"/> RENEW plate #	<input type="checkbox"/> CHANGE registration for Plate Number	<input type="checkbox"/> TITLE ONLY for a 1973 or newer vehicle
<input type="checkbox"/> REPLACE lost registration items	<input type="checkbox"/> LEASE BUY-OUT Plate Number	

CLIENT ID NO. (from Driver License of first registrant listed below)	NAME CHANGE? <input type="checkbox"/> YES (see box 5) <input checked="" type="checkbox"/> NO	ADDRESS CHANGE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Is this registration for a corporation or partnership? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---	--

NAME OF REGISTRANT (Last, First, Middle)	How was the vehicle obtained? <input type="checkbox"/> New <input type="checkbox"/> Leased New <input checked="" type="checkbox"/> Used <input type="checkbox"/> Leased Used
--	--

DATE OF BIRTH	SEX	DAY PHONE NO. (Optional)
Month Day Year	M F	Area Code

ADDRESS WHERE YOU GET YOUR MAIL (Include Street Number and Name, Rural Delivery and/or box number. This address will appear on the document.)	Apt. No.	City or Town	State	Zip Code	County
---	----------	--------------	-------	----------	--------

ADDRESS WHERE YOU LIVE (If different from mailing address, do not give P.O. box.)	Apt. No.	City or Town	State	Zip Code	County
---	----------	--------------	-------	----------	--------

OWNER CLIENT ID NO. (from Driver License)	IF YOU ARE NOT THE OWNER of this vehicle, the owner must complete this section. Proof of ownership and proof of owner's name and date of birth are required.
NAME OF CURRENT OWNER (Last, First, Middle)	NOTE - You do not have to fill in this section if you attach a completed Registration Authorization (MV-85), or if you are renewing the vehicle, and the owner is the same.

DATE OF BIRTH	OWNER'S DAY PHONE NO. (Optional)
Month Day Year	Area Code

ADDRESS WHERE OWNER GETS MAIL (Include Street Number and Name, Rural Delivery and/or box number)	Apt. No.	City or Town	State	Zip Code	County
--	----------	--------------	-------	----------	--------

AUTHORIZATION: The registrant named in box 2 is authorized to register the vehicle described in box 4.
--

(Owner's Authorized Signature - Co-owner's Signature if applicable)

VEHICLE IDENTIFICATION NUMBER

WD0PE74508579833

VEHICLE DESCRIPTION

08 DODGE

Body Type For Cars

2-Door 4-Door Convertible Station Wagon Suburban Other

Type of Power (Fuel)

Gas Diesel Electric Flex ICNG Propane None

Vehicle's ODOMETER has room for how many numbers (8, 6 or 7 - do not include tenths)?

For trailers & commercial vehicles

Notes Distance

Lien Filing Code (Assigned by DMV)

Lienholder Name and Mailing Address

Lien Number

Lien Release

Approved By

Date

Stop/Response

Operator

To change information on a current registration and/or title, be sure to enter the new information on page 1 of this form. (See Form MV-32.1, Registering a Vehicle in New York State, for more information.)

NAME CHANGES: Print current name exactly as it appears in the current registration or title.

CHANGES: Describe any vehicle changes and any reasons for the changes.

ADDITIONAL VEHICLE INFORMATION — QUESTIONS 1-3 MUST BE COMPLETED.

- I certify that, to the best of my knowledge, this vehicle ☐ has been or ☒ has not been wrecked, destroyed or damaged to such an extent that the total estimate, or actual cost, of parts and labor to rebuild or reconstruct the vehicle to the condition it was in before an accident, and for legal operation on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss. (Checking the "has been" box means the vehicle must have an anti-theft examination before being registered, and that the title issued will have the statement "Rebuilt Salvage" on it.)
- Is this vehicle registered for your own personal use? ☐ Yes ☒ No
If "Yes", go to question 3 below. If "No", check any of the following boxes that apply:
☐ It is a passenger vehicle to be used for hire with a driver and operated in:
☐ New York City ☐ A jurisdiction other than NYC, that regulates taxis ☐ A jurisdiction that does not regulate taxis
☒ It is a passenger vehicle that is rented or leased without a driver.
☐ It requires a commercial operating authority permit:
☐ NYS DOT Permit No. ☐ I.C.C. Permit No. ☐ US DOT Permit No.
☐ It is government-owned.
☐ It is used as an ☐ ambulance ☐ ambulance Check this box if: ☐ payment is received to carry passengers
☐ It is a commercial tow truck with a GVWR of at least 8,000 lbs. ☐ It is used as a hearse.
☐ It is used only as a farm vehicle (Form MV-280F, Part 1, must be attached). ☐ It is used only as an agricultural truck.
- Has this vehicle been modified to change its registration class? ☐ Yes ☒ No If "Yes", explain _____
- Is this vehicle a pick-up truck with an unladen weight of 5,000 pounds or less, used exclusively for non-commercial purposes, with no advertising anywhere on it? ☐ Yes ☐ No Do you want? ☐ Passenger Plates ☐ Commercial Plates

CERTIFICATION: The information I have given on this application is true to the best of my knowledge. I certify that the vehicle is fully equipped as required by the Vehicle and Traffic Law, and has passed the required New York State inspection within the past 12 months, or has qualified for a time extension (Form VS-1077) and will be inspected within 10 days. I also certify that appropriate insurance coverage is in effect, and that the vehicle will be operated in accordance with the Vehicle and Traffic Law. If I am applying for replacement registration items, I certify that the registration is not currently under suspension or revocation. If I have plates in a series reserved for a special group, I certify that I am still eligible to receive them, and that I have only one set of these plates. If I am using a credit card for payment of any fees in connection with this application, I understand that my signature below also authorizes use of my credit card.

Print Name Here Cannie Gray, Sect

Sign Here C. Gray

Print Additional Name Here (Print Name in Full - if registering for a corporation, print your full name and title)

Additional Signature

(Sign Name in Full)

(Print Name in Full)

(Sign Name in Full - Additional signature required for a partnership or if registering this vehicle in more than one name.)

IMPORTANT: Making a false statement in any registration application or in any proof or statements in connection with it, or deceiving or substituting in connection with this application, is a misdemeanor under Section 542 of the Vehicle and Traffic Law, and may also result in the revocation or suspension of the registration pursuant to regulations established by the Commissioner. The Department makes no representation that it will issue a certificate of title or transferable registration until the Commissioner is satisfied that the applicant is entitled to a certificate of title or transferable registration, and until all documentation required to establish ownership of the vehicle is submitted and deemed to be satisfactory. Pending review of this application, neither the Commissioner of the Department of Motor Vehicles nor any of his or her employees, deputies or agents assumes any liability or responsibility for repairs performed, improvements made or work done to the vehicle referenced in this application.

CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT THE APPLICANT:

My signature authorizes _____
to use my credit card for payment of any fees in connection with this application.

Sign Here (Cardholder Sign Name in Full)

To Be Completed by a Registered New York State Dealer Only - List any additional Lienholders

Lienholder Number _____	Lienholder Name _____
Mailing Address _____ (Number and Street)	(City) (State) (Zip Code)
Lienholder Number _____	Lienholder Name _____
Mailing Address _____ (Number and Street)	(City) (State) (Zip Code)

NY DEALER CERTIFICATION: I certify that all information provided on this application is true. I take responsibility for the integrity of the papers delivered to the Motor Vehicles Office.

(Signature of Dealer or Authorized Representative)

ADIR PLAZA INC
391 EMPIRE BLVD
BRDOKLYN

NY 11225

000001

CERTIFICATE OF TITLE

NEW YORK STATE

www.nysdmv.com

THIS IS A DUPLICATE CERTIFICATE AND MAY BE
SUBJECT TO THE RIGHTS OF A PERSON UNDER THE
ORIGINAL CERTIFICATE

Title and Identification No.

WDOPE745085229833

WDOPE745085229833

Year

2008

Make

DODGE

Model Code

SPR

Body/Hull

VAN

* * LIENS * *

Document No.

120692N

Color

WH

Wt/Sts./Lgh.

4789

Fuel

DIE

Cyl./Prop.

6

New or Used

NEW

Type of Title

VEHICLE

Date Issued

8/20/10

Name and Address of Owner(s)

ADIR PLAZA INC
391 EMPIRE BLVD
BROOKLYN NY

11225

ODOMETER READING:

00015

ACTUAL MILEAGE

00015

This document is your proof of ownership for this vehicle, boat or manufactured home. Keep it in a safe place, not with your license or registration or in your vehicle or boat. To dispose of your vehicle, boat or manufactured home, complete the transfer section on the back and give this title to the new owner.

Lienholder

CITICAPITAL
COMMERCIAL CORP
PO BOX 168647

TX 99999

Lienholder

01

* ONE LIEN RECORDED *

Lienholder

Lienholder

* ONE LIEN RECORDED *

* ONE LIEN RECORDED *

MV-999 (4/08)

DEPARTMENT OF MOTOR VEHICLES

VOID IF ALTERED

VOID IF ALTERED

ANY CHANGE OR ERASURE WILL VOID THIS TITLE - ANY FALSE STATEMENT IS A MISDEMEANOR

SECTION I - Transfer by Owner

ODOMETER DISCLOSURE STATEMENT

Note: This vehicle cannot be registered or titled in the name of the new owner unless mileage is disclosed. Federal and State Law require that you state the mileage of the vehicle described on this certificate when transferring ownership. Failure to do so, or providing a false statement, may result in fines and/or imprisonment.

I certify that, to the best of my knowledge, this odometer reading (check one):

- ☒ 1. reflects the ACTUAL MILEAGE as seen on the odometer of the vehicle described on the front.
☐ 2. EXCEEDS MECHANICAL LIMITS (odometer started over at zero)
☐ 3. not the actual mileage. WARNING - ODOMETER DISCREPANCY.

ODOMETER READING

46,987

(no tenths)

ODOMETER HAS SPACE FOR: (Check one)

- ☐ Five Digits, excluding tenths
☐ Six Digits, excluding tenths

DAMAGE DISCLOSURE STATEMENT (To be Completed by Owner Named on Face of Title)

I certify that, to the best of my knowledge, this vehicle ☐ has been or ☒ has not been wrecked, destroyed or damaged to such an extent that the total estimate or actual cost of parts and labor to rebuild or reconstruct the vehicle to the condition it was in before an accident, and for legal operation on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss. (Checking the "yes" box means that the vehicle must have an anti-theft examination before being registered and that the title issued will have the statement "Rebuilt Salvage: NY" on it.)

If we transfer the vehicle, boat or manufactured home described on this certificate. At the time of transfer, this title is subject only to the liens or encumbrances listed on this certificate, if any. I also certify that this is the most recent title issued for this vehicle, boat or manufactured home.

Note: Section 2113 of the Vehicle and Traffic Law requires that application for a title must be made within 30 days of transfer.

Seller	Seller's Signature	391 Empire Blvd			City	Brooklyn	State	NY	ZIP code	11225	Date of Statement	9/15/10
	Seller's Name (Print in Full)	Charles Gray - Auto Plaza Inc										
Buyer	Buyer's Signature	391 Empire Blvd			City	Brooklyn	State	NY	ZIP code	11225	Date of Statement	9/15/10
	Buyer's Name (Print in Full)	Phillip Naima Group Trans Solutions Inc										

SECTION II - Reassignment by Manufacturer Home Dealer or Registered Boat Dealer or Out-of-State Dealer

ODOMETER DISCLOSURE STATEMENT

Note: This vehicle cannot be registered or titled in the name of the new owner unless mileage is disclosed. Federal and State Law require that you state the mileage of the vehicle described on this certificate when transferring ownership. Failure to do so, or providing a false statement, may result in fines and/or imprisonment.

I certify that, to the best of my knowledge, this odometer reading (check one):

- ☐ 1. reflects the ACTUAL MILEAGE of the vehicle described on the front.
☐ 2. EXCEEDS MECHANICAL LIMITS (odometer started over at zero)
☐ 3. not the actual mileage. WARNING ODOMETER DISCREPANCY.

ODOMETER READING

(no tenths)

ODOMETER HAS SPACE FOR: (Check one)

- ☐ Five Digits, excluding tenths
☐ Six Digits, excluding tenths

If we transfer the vehicle, boat or manufactured home described on this certificate. At the time of transfer, this title is subject only to the liens or encumbrances listed on this certificate, if any. I also certify that this is the most recent title issued for this vehicle, boat or manufactured home.

Note: Section 2113 of the Vehicle and Traffic Law requires that application for a title must be made within 30 days of transfer.

Seller	Seller's Signature				City		State		ZIP code		Date of Statement	
	Seller's Name (Print in Full)											
Buyer	Buyer's Signature				City		State		ZIP code		Date of Statement	
	Buyer's Name (Print in Full)											

NEW YORK STATE INSURANCE IDENTIFICATION CARD

111 Empire Fire & Marine Insurance Co.

Policy Number
SF450119THIS ID CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMANDName & Address of Issuer Williams and Stazzone Insurance Agency
99 N Atlantic Ave
Cocoa Beach FL 32931Effective Date 10/11/2010 12:01 a.m.
Expiration Date 10/01/2011 12:01 a.m.An authorized NEW YORK insurer has issued an Owner's Policy of
Liability Insurance complying with Article 8 (Motor Vehicle Financial
Security Act) of the NEW YORK Vehicle and Traffic Law to:(Not acceptable to obtain registration
after 45 days from effective date.)
Applicable with respect to the following
Motor Vehicle:2008 DODGE
Year Make
WD0PE745085229833
Vehicle Identification NumberWARNING: Any person who issues
or produces an ID card knowing that
an Owner's Policy of Insurance is not in
effect may be committing a misdemeanor.
In addition, a person who presents
an ID card if insurance is not in
effect may be committing a
misdemeanor.The name of the registrant and the
name of the insured must coincide.REPLACEMENT VEHICLE NOTATION:
DMV WILL ONLY PROCESS A VEHICLE
CHANGE (RE-REGISTRATION) USING
THE REPLACED VEHICLE'S CURRENT
REGISTRATION.GROUP; TRAVEL
SOLUTION; INC
391 EMPIRE BLVD
BROOKLYN NY 11225

FS-20

NEW YORK STATE INSURANCE IDENTIFICATION CARD

111 Empire Fire & Marine Insurance Co.

Policy Number
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Expiration Date 10/01/2011 12:01 a.m.An authorized NEW YORK insurer has issued an Owner's Policy of
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CHANGE (RE-REGISTRATION) USING
THE REPLACED VEHICLE'S CURRENT
REGISTRATION.GROUP; TRAVEL
SOLUTION; INC
391 EMPIRE BLVD
BROOKLYN NY 11225

FS-20


FAX: Scannable Bar Code

FAX INSTRUCTIONS:

1. The entire page must be faxed.
2. If submitted to DMV, either the entire page or the second ID card and large scannable bar code will be retained.
3. A faxed ID card must be replaced with a scannable ID card within 14 days of the effective date.
4. DMV will not accept a faxed ID card without a scannable barcode.

Keep this document to show to the police and courts.

NEW YORK STATE REGISTRATION DOCUMENT

G OMS
FCM1249
2005 DODGE NONTRANSFERABLE
EVEN MR 2D4GP44L75R3900S2
000012 G 6 FF964824 MAY 24 2010
Wt/Seals Pwr/Cpl LMB SPG302
GROUP TRAVEL Expires 09/30/10
SOLUTION INC *NYMA*
391 EMPIRE BLVD 113.50
BROOKLYN NY 11225
ANNUAL CHG
140.50
FF964824 VOID IF ALTERED EXCEPT FOR ADDRESS


Proof of Corp

1 22822

New York State Department of Motor Vehicles

00461

081408

NOTICE OF RECORDED LIEN

I.D. Number
WD0PE745085229833Year
2008Make
DODGECITICAPITAL
COMMERCIAL CORP
PO BOX 168647
IRVING TX

75016

4789
Wgt/Algh.DIE
Fuel6
Cyl/Prop.VAN
Body/Hull.WH
Color

Owner: If you have moved and have not yet notified this Department of your new address, cross out the address shown and print your new address in its place.

OWNER

ADIR PLAZA INC
391 EMPIRE BLVD
BROOKLYN NY

11229

ADDITIONAL LIENHOLDERS

The following information applies only to the lienholder shown in the box above.

- ☒ Our security interest in the vehicle, boat or manufactured home described in this notice has been satisfied.
- ☐ We have assumed ownership of this vehicle, boat or manufactured home. We are transferring ownership to:
- ☐ We have assigned our security interest in this vehicle, boat or manufactured home to:

Lien Filing Code

Name

Date of Assignment

No. and Street

City

State

Authorized Signature

Date

CitiCapital Commercial Corp.
8-25-12

If you are the owner named on this notice, you can keep this notice with the Certificate of Title and when you sell the vehicle, boat or manufactured home, give the transferred Title AND this notice to the new owner. To obtain a lien-free Title before then, return your current Title, this lien notice and a \$20.00 fee to the DMV, Title Bureau, 6 Empire State Plaza, Albany NY 12228-0330. (Check or money order should be made payable to the Commissioner of Motor Vehicles.)

If you cannot locate the Title for the vehicle, boat or manufactured home, you must apply for a duplicate. You may apply for a duplicate by completing Form MV-902 (available at a DMV office or on our web site at www.nysdmv.com) and mailing it with a \$20.00 check or money order AND this lien notice to the DMV, Title Bureau at the above address.

If your address has not changed since you last registered the vehicle and your registration shows your current address, you may be able to apply for a duplicate title on line. For more information, please visit our web site listed above.

State of New York DEPARTMENT OF MOTOR VEHICLES Empire State Plaza Albany, New York 12226

ABSTRACT OF TITLE RECORD

Document # TWEE0612

PRINT DATE: 09/09/2013 TIME: 18:04:56 OPERATOR: WEB OFFICE: DAB

VIN#: 1GAKG39U461230836

CURRENT OWNER

06 CHEVR WHITE SUVN WGL: 006400

LARSEN, RONALD A

ODOMETER: 098802 ACTUAL

FUEL: GAS CYL: 88

LARSEN, ELYN T D

75 KENMORE ST

STATEN ISLAND NY 10312

OWNER OF VEHICLE AND REGISTRANT ARE DIFFERENT. PLATE OF REGISTRANT IS FTV8833

BATCH DATE: 01/12/12

ORIG DOC ISSUED: 02/02/12

LAST DOC ISSUED: 02/02/12

***** PRIOR OWNERS *****

GROUP; TRAVEL

PLATE: PCN1201

TYPE: SP OMNIBUS

SOLUTION; INC

391 EMPIRE BLVD

BROOKLYN NY

11225

BATCH DATE: 05/14/10

ORIG DOC ISSUED: 06/04/10

ODOMETER: ACTUAL

076393

***** PRIOR OWNERS *****

IMAGE; RENT-A-CAR, INC

PLATE: EBL9583

TYPE: SP OMNIBUS

391 EMPIRE BLVD

BROOKLYN NY

11225

BATCH DATE: 05/11/09

ORIG DOC ISSUED: 06/08/09

ODOMETER: ACTUAL

054120

ADIR; PLAZA; INC

PLATE: DMR5593

TYPE: SP OMNIBUS

391 EMPIRE BLVD

BROOKLYN NY

11225

BATCH DATE: 08/29/07

ORIG DOC ISSUED: 08/07/07

ODOMETER: ACTUAL

026950

*** END OF RECORD ***

This is to certify that this document is a true and complete copy of an electronic record on file in the New York State Department of Motor Vehicles, Albany, New York. The record was made in regular course of New York State Department of Motor Vehicles daily business. It is the business of the New York State Department of Motor Vehicles to create and maintain the records of drivers in the state of New York. Entries in this document are made at the time the recorded transactions or events took place or within a reasonable time thereafter. The person who reports the information is under a business duty to do so accurately.

Barbara J. Lila

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES - ALBANY, NEW YORK
 ABSTRACT OF TITLE RECORD

Document # TWB0014

PRINT DATE: 09/09/2013 TIME: 14:57:22 OPERATOR: WEB OFFICE: DAB

VIN#: WDEPE8CC6B5572339

11 ME/RE BLACK SOEN WGT: 006014

ODOMETER: 000025 ACTUAL

FUEL: DIESEL CYL: 06

PLATE: FPP3865 TYPE: PASSENGER

BATCH DATE: 08/10/11

CURRENT OWNER

GROUP: TRAVEL

SOLUTION: INC

391 EMPIRE BLVD

BROOKLYN NY

11225

ORIG DOC ISSUED: 08/26/11

LAST DOC ISSUED: 08/26/11

***** LIENS *****

MERCEDES-BENZ

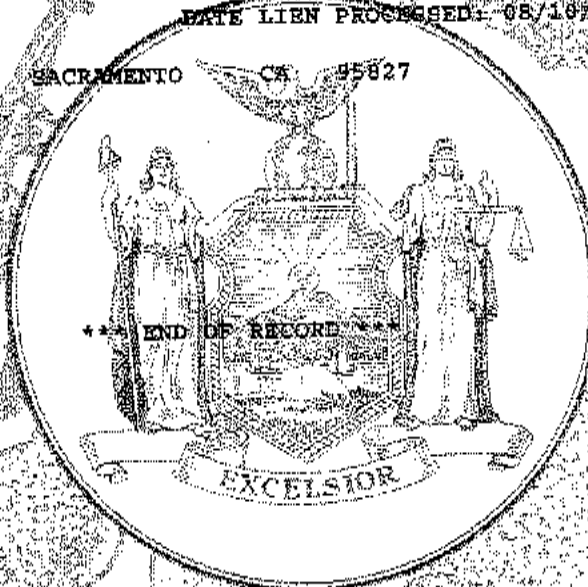
FIN;SERV;USA;LLC

PO BOX 279319

DATE LIEN PROCESSED: 08/18/11

SACRAMENTO

CA 95827



This is to certify that this document is a true and complete copy of an electronic record on file in the New York State Department of Motor Vehicles, Albany, New York. The record was made in regular course of New York State Department of Motor Vehicles daily business. It is the business of the New York State Department of Motor Vehicles to create and maintain the records of drivers in the state of New York. Entries in this document are made at the time the recorded transactions or events took place or within a reasonable time thereafter. The person who reports the information is under a business duty to do so accurately.

MV-82



New York State Department of Motor Vehicles

VEHICLE REGISTRATION/TITLE APPLICATION

This form is also available on DMV's web site - www.nysdmv.com

Batch

File No.

☐ Orig ☐ Activity ☐ Renewal ☐ Lease Buyout
☐ Dup ☐ Activity WRR ☐ Renew WRR ☐ Sales Tax with Title

Old Plate	Old Class	3 of Name	Ins. Co. Code	Exp. Date
Gap/Flow Case Number(s)		New Plate	New Class	
Special Conditions	AT BV CF CO CP EX FL GI IF MO NE NF NR NU OD OP OV PA	PC PK RC RE SA SO SR SS SV TE TL TO TP TR TX XR XS WO		
Sales Tax Information	Status	Value (\$)	Jurisdiction	Rate
Out of State	Audit			
Did you issue plates to this vehicle?	Plate Number	Reg. Class	Date Temp Issued	Facility ID Number
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	FPP3865	PAS	8/5/11	7089181
Is there a lienholder? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", enter the information in Dealer Only box below. Alterations are not allowed in the lienholder sections.				

INSTRUCTIONS → COMPLETE BOXES 1 2 4 6 and 7. COMPLETE BOXES 3 AND 5 ONLY IF NECESSARY. PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.

1 WHAT DO YOU WANT TO DO? (See Form MV-82.1, Registering a Vehicle in New York State, for more information.)

☒ REGISTER this vehicle for the first time ☐ CHANGE a title (see box 3) ☐ TITLE ONLY for a 1973 or newer vehicle

For the following options, please enter PLATE NUMBER

☐ RENEW Registration ☐ CHANGE Registration (see box 5) ☐ TRANSFER Plate Number to this vehicle ☐ LEASE BUY-OUT

☐ REPLACE lost registration items

2 CLIENT ID NO. (from Driver License of first registrant listed below)

NAME OF REGISTRANT (Last, First, Middle)

GROUP TRAVEL SOLUTION INC

How was the vehicle obtained?
☒ New ☐ Leased New ☐ Used ☐ Leased Used

DATE OF BIRTH: Month Day Year SEX: M P DAY PHONE NO. (Optional): Area Code

ADDRESS WHERE YOU GET YOUR MAIL (Include Street Number and Name, Rural Delivery and/or box number. This address will appear on the document.)

391 EMPIRE BLVD Apt. No. City or Town BROOKLYN State NY Zip Code 11225 County of Residence KINGS

ADDRESS WHERE YOU LIVE (If different from mailing address, do not give P.O. box.)

Apt. No. City or Town State Zip Code

3 OWNER CLIENT ID NO. (from Driver License)

NAME OF CURRENT OWNER (Last, First, Middle)

DATE OF BIRTH: Month Day Year OWNER'S DAY PHONE NO. (Optional): Area Code

ADDRESS WHERE OWNER GETS MAIL (Include Street Number and Name, Rural Delivery and/or box number.)

Apt. No. City or Town State Zip Code County

AUTHORIZATION: The registrant named in box 2 is authorized to register the vehicle described in box 4.

(Owner's/Authorized Signature-Co-owner's Signature if applicable) (Date)

4 VEHICLE IDENTIFICATION NUMBER W0ZPE8CC6B5571339

VEHICLE DESCRIPTION Year Make 11 Mercedes-Benz

Body Type For Cars ☐ 2-Door ☐ 4-Door ☐ Convertible ☒ Station Wagon ☐ Suburban ☐ Other

Body Type For Other Vehicles ☐ Pickup ☐ Van ☐ Motorcycle ☐ Tow ☐ Trailer ☐ Other

Type of Power (Fuel) ☐ Gas ☒ Diesel ☐ Electric ☐ Flex ☐ CNG ☐ Propane ☐ None

Color BLACK **Unladen Weight** 6014

Cylinders 6 **For trailers & commercial vehicles** Mex. Gross Weight **For rentals, buses & taxis** Seating Cap. 2 **Odometer Reading in Miles** 25

Vehicle's ODOMETER has room for how many numbers (6 or 7 - do not include dashes)? 6 **For commercial vehicles** Axles Distances

Lien Filing Code (Assigned by DMV) 68136 **Lienholder Name and Address** MERCEDES-BENZ FIN SERV USA LLC PO BOX 1183 ROANOKE, TX 76262

Mileage Brand Prior **Owner** **Issuance State** **Title** **Lien** **Lien Number** **Lien Release**

Proof Submitted (Name and Ownership) **Approved By** **Signature**

Reg/Title **State** **Date** **Old Exp** **Signature**

5 CHANGES: To change information on a current registration and/or title, be sure to enter the new information on page 1 of this form. (See Form MV-82.1, Registering a Vehicle in New York State, for more information.)

NAME CHANGE: Print former name exactly as it appears on the current registration or title.

CHANGES: Describe any vehicle changes and the reasons for the changes.

6 ADDITIONAL VEHICLE INFORMATION — QUESTIONS 1-3 MUST BE COMPLETED.

- I certify that, to the best of my knowledge, this vehicle ☐ has been or ☒ has not been wrecked, destroyed or damaged to such an extent that the total estimate, or actual cost, of parts and labor to rebuild or reconstruct the vehicle to the condition it was in before an accident, and for legal operation on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss. (Checking the "has been" box means the vehicle must have an anti-theft examination before being registered, and that the title issued will have the statement "Rebuilt Salvage" on it.)
- Is this vehicle registered for your own personal use? ☒ Yes ☐ No
If "Yes", go to question 3 below. If "No", check any of the following boxes that apply:
 - ☐ It is a passenger vehicle to be used for hire with a driver and operated in:
 - ☐ New York City ☐ A jurisdiction other than NYC, that regulates taxis ☐ A jurisdiction that does not regulate taxis
 - ☐ It is a passenger vehicle that is rented without a driver.
 - ☐ It requires a commercial operating authority permit:
 - ☐ NYS DOT Permit No. _____ ☐ I.C.C. Permit No. _____ ☐ US DOT Permit No. _____
 - ☐ It is government-owned.
 - ☐ It is used as an ☐ ambulance ☐ ambulance ☐ hearse/invalid coach Check this box if: ☐ payment is received to carry passengers
 - ☐ It is used exclusively as a hearse Check this box if: ☐ payment is received to carry passengers
 - ☐ It is a commercial tow truck with a GVWR of at least 8,600 lbs.
 - ☐ It is used only as a farm vehicle (Form MV-290F, Part 1, must be attached). ☐ It is used only as an agricultural truck.
- Has this vehicle been modified to change its registration class? ☐ Yes ☒ No If "Yes", explain _____
- This vehicle is a pick-up truck with an unladen weight of 5,500 pounds or less, used exclusively for non-commercial purposes, with no advertising anywhere on it, and you want? ☐ Passenger Plates ☐ Commercial Plates

7 CERTIFICATION: The information I have given on this application is true to the best of my knowledge. I certify that the vehicle is fully equipped as required by the Vehicle and Traffic Law, and has passed the required New York State inspection within the past 12 months, or has qualified for a time extension (Form VS-1077) and will be inspected within 10 days. I also certify that appropriate insurance coverage is in effect, and that the vehicle will be operated in accordance with the Vehicle and Traffic Law. If I am applying for replacement registration items, I certify that the registration is not currently under suspension or revocation. If I have plates in a series reserved for a special group, I certify that I am still eligible to receive them, and that I have only one set of these plates. If I am using a credit card for payment of any fees in connection with this application, I understand that my signature below also authorizes use of my credit card.

Print Name Here OWEN R. NATHAN

(Print Name in Full - If registering for a corporation, print your full name and title)

Sign Here [Signature]

(Sign Here)

Print Additional Name Here

(Print Name in Full)

Additional Signature Sign Here

(Sign Here - Additional signature required for a partnership or if registering this vehicle in more than one name.)

IMPORTANT: Making a false statement in any registration application or in any proof or statements in connection with it, or deceiving or substituting in connection with this application, is a misdemeanor under Section 392 of the Vehicle and Traffic Law, and may also result in the revocation or suspension of the registration pursuant to regulations established by the Commissioner. The Department makes no representation that it will issue a certificate of title or transferable registration until the Commissioner is satisfied that the applicant is entitled to a certificate of title or transferable registration, and until all documentation required to establish ownership of the vehicle is submitted and deemed to be satisfactory. Pending review of this application, neither the Commissioner of the Department of Motor Vehicles nor any of his or her employees, deputies or agents assumes any liability or responsibility for repairs performed, improvements made or work done to the vehicle referenced in this application.

CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT THE APPLICANT:

My signature authorizes _____ to use my credit card for payment of fees in connection with this application, and I understand that I must be present for this transaction.

Sign Here

(Cardholder-Sign Name in Full)

To Be Completed by a Registered New York State Dealer Only - List any additional Lienholders

Lien Filing Code (Assigned by DMV)	Lienholder Name
Mailing Address (Number and Street)	(City)
	(State)
	(Zip Code)
Lien Filing Code (Assigned by DMV)	Lienholder Name
Mailing Address (Number and Street)	(City)
	(State)
	(Zip Code)
NY DEALER CERTIFICATION: I certify that all information provided on this application is true. I take responsibility for the integrity of the papers delivered to the Motor Vehicles office.	
(Signature of Dealer or Authorized Representative)	

CERTIFICATE OF ORIGIN FOR A VEHICLE



DATE

JUNE 15 2011

Mercedes-Benz

INVOICE NO.

A18121

VEHICLE IDENTIFICATION NO.

WDZPE8CC685571339

YEAR

2011

MAKE

Mercedes-Benz Commercial

BODY TYPE

5D VAN

SHIPPING WEIGHT

6,014

H.P. (S.A.E.)

188

G.V.W.R.

8,550

NO. CYLS.

6

SERIES OR MODEL

M2PV170

I, the undersigned authorized representative of the company, firm or corporation named below, hereby certify that the new vehicle described above is the property of the said company, firm or corporation and is transferred on the above date and under the Invoice Number indicated to the following distributor or dealer.

NAME OF DISTRIBUTOR, DEALER, ETC.

RALLYE MOTORS LLC
1600 NORTHERN BLVD.
ROSLYN

NY 11576

It is further certified that this was the first transfer of such new vehicle in ordinary trade and commerce.

THIS VEHICLE COMPLIES
WITH THE CALIFORNIA
EMISSION STANDARDS

MERCEDES-BENZ USA, LLC

11-41928
M3927762

BY:

(SIGNATURE OF AUTHORIZED REPRESENTATIVE)

VP Finance and Administration

(AGENT)

MONTVALE, N.J. 07645

CITY/STATE

Each undersigned party certifies to the best of his knowledge, information and belief under penalty of law that the vehicle is new and has not been registered in this or any state at the time of delivery and the vehicle is not subject to any security interests other than those disclosed herein and warrant title to the vehicle. FOR VALUE RECEIVED I TRANSFER THE VEHICLE DESCRIBED ON THE FACE OF THIS CERTIFICATE TO:	
DISTRIBUTION-RETAILER ASSIGNMENT NUMBER 1	NAME OF PURCHASER(S) _____ ADDRESS _____ I certify to the best of my knowledge that the odometer reading is _____ RETAILER _____ BY _____ No Tenths State of _____ County of _____ Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn before me on this date _____ Notary Public
	USE NOTARIZATION ONLY IF REQUIRED IN THIS JURISDICTION
DISTRIBUTION-RETAILER ASSIGNMENT NUMBER 2	NAME OF PURCHASER(S) _____ ADDRESS _____ I certify to the best of my knowledge that the odometer reading is _____ RETAILER _____ BY _____ No Tenths State of _____ County of _____ Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn before me on this date _____ Notary Public
	USE NOTARIZATION ONLY IF REQUIRED IN THIS JURISDICTION
DISTRIBUTION-RETAILER ASSIGNMENT NUMBER 3	NAME OF PURCHASER(S) _____ ADDRESS _____ I certify to the best of my knowledge that the odometer reading is _____ RETAILER _____ BY _____ No Tenths State of _____ County of _____ Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn before me on this date _____ Notary Public
	USE NOTARIZATION ONLY IF REQUIRED IN THIS JURISDICTION
DISTRIBUTION-RETAILER ASSIGNMENT NUMBER 4	NAME OF PURCHASER(S) _____ ADDRESS _____ I certify to the best of my knowledge that the odometer reading is _____ RETAILER _____ BY _____ No Tenths State of _____ County of _____ Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn before me on this date _____ Notary Public
	USE NOTARIZATION ONLY IF REQUIRED IN THIS JURISDICTION
ODOMETER DISCLOSURE FOR RETAIL SALE	Federal law requires you to state the odometer mileage in connection with the transfer of ownership. Failure to comply or providing a false statement may result in fines and/or imprisonment. I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle at the time of the following statement is checked. Odometer Reading _____ No Tenths <input type="checkbox"/> The mileage stated is in excess of the actual mileage. WARNING ODOMETER DISCREPANCY Signature of Seller(s) _____ RETAILER'S No. _____ Date of Statement _____ Printed Name(s) of Seller(s) _____ Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn before me on this date _____ Signature of Purchaser(s) _____ Printed Name(s) of Purchaser(s) _____ Containing Name (if Applicable) _____ Address of Purchaser(s) _____ Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn before me on this date _____ Notary Public
	USE NOTARIZATION ONLY IF REQUIRED IN THIS JURISDICTION
LIENHOLDER	I certify to the best of my knowledge that the odometer reading is _____ Signature of Lienholder _____ Printed Name of Lienholder _____ Address of Lienholder _____
	USE NOTARIZATION ONLY IF REQUIRED IN THIS JURISDICTION

REV 3/89

New York State Department of Motor Vehicles
RETAIL CERTIFICATE OF SALE

* 3 9 8 2 0 7 0 2 *

TYPE OF SALE	
<input type="checkbox"/> WHOLESALE OR <input checked="" type="checkbox"/> RETAIL:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Demo <input type="checkbox"/> Salvage	

VEHICLE INFORMATION:

11-41928 No. 39820702

Year	Make	Model	Body Type	Color	Weight (Unladen)	Fuel Type	Cylinders	Adult Seating Capacity
11	Mercedes-Benz	M2PV170	SUBN	BLACK	6014	DIE	6	2
Vehicle Identification Number			Lien(s)		Inspection Certificate Number	Date of Inspection		Inspection Station Number
WDZPE8C16R5571339			1		3080734	8/5/11		7089181
Plate/Permit Number		Number of Dealer Plate Loans		Lease Buyout (Insp. Not Required)		Selling Price		
EPP3865		N/A		<input type="checkbox"/>		\$ 59505.00		

DEALER INFORMATION (Print Name and Address)

RALLYE MOTORS 1600 NORTHERN BLVD., ROSLYN, NY 11576

PURCHASER INFORMATION (Print Name and Address)GROUP TRAVEL SOLUTION INC 391 EMPIRE BLVD
BROOKLYN NY 11225

Date of Sale

8/5/11

PRIOR OWNER INFORMATION (Print Name and Address Source of Ownership)

MERCEDES BENZ OF NORTH AMERICA, INC. MONTVALE, NJ 07645

Date of Purchase

6/15/11

ODOMETER DISCLOSURE STATEMENT

Federal and state laws require that you state the mileage of the vehicle described on this certificate, when transferring ownership. Failure to do so, or not telling the truth about the mileage may result in fines and/or imprisonment.

The odometer on the vehicle described above has: ☐ 5 digits ☒ 6 digits, not including tenths☒ I certify that, to the best of my knowledge, this odometer reading reflects the "ACTUAL MILEAGE" of the vehicle described above.☐ I certify that, to the best of my knowledge, this odometer reading "EXCEEDS MECHANICAL LIMITS."☐ I certify that, to the best of my knowledge, this odometer reading is "NOT THE ACTUAL MILEAGE. WARNING: ODOMETER DISCREPANCY."

ODOMETER READING				
				25
(no tenths)				

DEALER CERTIFICATION:

I certify: The vehicle described above was sold to the purchaser on the date indicated. At the time of delivery the purchaser was entitled to register the vehicle. This vehicle complied with equipment requirements of the Commissioner's Regulations. At the time of delivery, such equipment was in condition and repair to render satisfactory and adequate service on the public highway under normal use. Equipment certification does not apply to a vehicle sold as new, wholesale, or salvage. All New York State and local taxes due as a result of this sale have been collected from the purchaser. False statements made hereon are punishable as a class B misdemeanor pursuant to Section 210.45 of the Penal Law.

DEALER (for authorized representative) SIGN full name		PRINT full name of dealer or authorized rep.		Date	Dealer Facility No.
[Signature]		MILA E. MORENO		8/5/11	7089181
PURCHASER - (SIGN full name)		PRINT full name of purchaser		Date	Selling Dealer NYS Sales Tax No.
[Signature]		GROUP TRAVEL SOLUTION INC		8/5/11	113566414

ANY CHANGE OR ALTERATION VOIDS THIS CERTIFICATE

NEW YORK STATE INSURANCE IDENTIFICATION CARD

111 Empire Fire & Marine Insurance Co.

Policy Number
SG450120THIS ID CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMANDName & Address of Issuer: Williams and Stazzone Insurance Agency
99 N Atlantic Ave
Cocoa Beach FL 32931

Effective Date

Expiration Date

08/05/2011

10/01/2011

12:01 a.m.

12:01 a.m.

(Not acceptable to obtain registration
after 45 days from effective date.)Applicable with respect to the following
Motor Vehicle:

2011

ME/BE

Year

Make

WDZPE8CC8B5571339

Vehicle Identification Number

An authorized NEW YORK insurer has issued an Owner's Policy of
Liability Insurance complying with Article 6 (Motor Vehicle Financial
Security Act) of the NEW YORK Vehicle and Traffic Law to:GROUP:TRAVEL
SOLUTION;INC
391 EMPIRE BLVD
BROOKLYN NY 11225WARNING: Any person who issues
or produces an ID card knowing that
an Owner's Policy of Insurance is not in
effect may be committing a misdemeanor.
In addition, a person who presents
an ID card if insurance is not in
effect may be committing a
misdemeanor.The name of the registrant and the
name of the insured must coincide.REPLACEMENT VEHICLE NOTATION:
DMV WILL ONLY PROCESS A VEHICLE
CHANGE (RE-REGISTRATION) USING
THE REPLACED VEHICLE'S CURRENT
REGISTRATION.

FS-20

NEW YORK STATE INSURANCE IDENTIFICATION CARD

111 Empire Fire & Marine Insurance Co.

Policy Number
SG450120THIS ID CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMANDName & Address of Issuer: Williams and Stazzone Insurance Agency
99 N Atlantic Ave
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Effective Date

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12:01 a.m.

12:01 a.m.

(Not acceptable to obtain registration
after 45 days from effective date.)Applicable with respect to the following
Motor Vehicle:

2011

ME/BE

Year

Make

WDZPE8CC8B5571339

Vehicle Identification Number

An authorized NEW YORK insurer has issued an Owner's Policy of
Liability Insurance complying with Article 6 (Motor Vehicle Financial
Security Act) of the NEW YORK Vehicle and Traffic Law to:GROUP:TRAVEL
SOLUTION;INC
391 EMPIRE BLVD
BROOKLYN NY 11225WARNING: Any person who issues
or produces an ID card knowing that
an Owner's Policy of Insurance is not in
effect may be committing a misdemeanor.
In addition, a person who presents
an ID card if insurance is not in
effect may be committing a
misdemeanor.The name of the registrant and the
name of the insured must coincide.REPLACEMENT VEHICLE NOTATION:
DMV WILL ONLY PROCESS A VEHICLE
CHANGE (RE-REGISTRATION) USING
THE REPLACED VEHICLE'S CURRENT
REGISTRATION.

FS-20

FAX: Scannable Bar Code

FAX INSTRUCTIONS:

1. The entire page must be faxed.
2. If submitted to DMV, either the entire page or the second ID card and large scannable bar code will be retained.
3. A faxed ID card must be replaced with a scannable ID card within 14 days of the effective date.
4. DMV will not accept a faxed ID card without a scannable barcode.

Proof
of COCP
only

15244
Keep this document to show to the police and court

NEW YORK STATE REGISTRATION DOCUMENT

G OMS
FMD4523
2011 FORD NONTRANSFERABLE
SUBN BK 1FBSS3BL9EDA35924
000015 G & FN290380 MAY 24 2011
SEM JSBH13
GROUP TRAVEL Expires 09/30/1
SOLUTION INC *NYMA*
391 EMPIRE BLVD 113.5
BROOKLYN NY 11225

ANNUAL CH
145.5
FN290380 VMS IF ALTERED EXCEPT FOR ADDRESS



Do Not Transfer

DEALER TRANSACTION SHEET - ORIGINAL REGISTRATION

Date: 8/10/2011
Operators Initials: ZEM

Company/Facility No: RALLYE MOTORS/7089181
Batch No: 1081010DB3

Temp Date: 08/05/2011

Registrant Name: GROUP; TRAVEL SOLUTION; INC
391 EMPIRE BLVD BROOKLYN NY 11225
Registrant County: KING

Legal Address if different than mailing address

Owner's Name (if not same):

Old Plate New Plate VIN Year Make Class Color UIV GW Seat Cap Odom Brand Reading Ins Code
FPP3865 WDZPE8CC6B5571339 2011 ME/BE PAS BK 006014 A 000025 111

Lien 1: MERCEDES-BENZ; FIN; SERV; USA; LLC
PO BOX 1183
ROANOKE TX 76262

Lien 2:

Amendments

Out of State Title (State/Number)

- Has this vehicle ever been junked? ☐ Yes ☐ No
If "Yes", has it been repaired to satisfy Sections 375 and 376 of the Vehicle and Traffic Law? ☐ Yes ☐ No
- Is this vehicle registered for your own personal use? ☐ Yes ☐ No (If "Yes" please answer the next question, otherwise check any of the following boxes that apply:
☐ It is a passenger vehicle to be used for hire with a driver and operated in New York City ☐ A jurisdiction other than NYC that regulates taxis ☐ A jurisdiction that does not regulate taxis
☐ It is a passenger vehicle that is rented or leased without a driver.
☐ It requires a commercial operating authority permit:
☐ NYS DOT Permit No: _____ ☐ I.C.C Permit No. _____ ☐ US DOT Permit No. _____
☐ It is government-owned.
☐ It is used as an ambulance ☐ ambulance Check this box if: ☐ payment is received to carry passengers
☐ It is a commercial tow truck with a GVWR of at least 8,600 lbs. ☐ It is used as a hearse.
☐ It is used only as a farm vehicle (Form MV-260F, Part I, must be attached). ☐ It is used only as an agricultural truck.
If "Yes", explain _____
- Has this vehicle been modified to change its registration class? ☐ Yes ☐ No
- Is this vehicle a pick-up truck with an unladen weight of 5,500 pounds or less, used exclusively for non-commercial purposes, with no advertising anywhere on it? ☐ Yes ☐ No Do you want? ☐ Passenger Plates ☐ Commercial Plates

Authorization - The registrant named in this application is authorized to register the described vehicle in his/her name.

(Owner's/Authorized Signature)

Registrant Certification - I the undersigned, certify that the information on this application is correct to the best of my knowledge and belief and that such vehicle listed above has never been a junk vehicle and complies with the New York State Vehicle and Traffic Law requirements for equipment, safety and emission inspection, and has the appropriate insurance.

Registrant's Signature

If registered to a corporation, print full name and title

Dealer Certification - I certify that all the information on this application is accurate and true. I assume full responsibility for all the facts and information provided on the paper work submitted to the Department of Motor Vehicles in conjunction with this transaction.

(Signature of Dealer or Authorized Representative)

AUTO NONTRANSFERABLE
68136
1081010DB3 FN060700 ZEM 281.50
*FPP3865

GROUP TRAVEL
SOLUTION INC

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES, ALBANY, NEW YORK 12226

PAGE 03 OF FILE 02200

Document # TWE0009

PRINT DATE: 09/10/2013 TIME: 09:19:05 OPERATOR: WEB OFFICE: DAB

VIN#: 3N1AB61E99L688858

09 NISSA BLACK 4DSD WGT: 002888

ODOMETER: 026937 ACTUAL

FUEL: GAS CYL: 04

CURRENT OWNER

GROUP: TRAVEL

SOLUTION, INC

391 EMPIRE BLVD

BROOKLYN NY

11225

PLATE: FHY6654 TYPE: PASSENGER

BATCH DATE: 03/30/11

ORIG DOC ISSUED: 04/20/11

LAST DOC ISSUED: 04/20/11

***** PRIOR OWNERS *****

ADIR; PLAZA; INC

PLATE: ERP7098

TYPE: ST OMNIBUS

391 EMPIRE BLVD

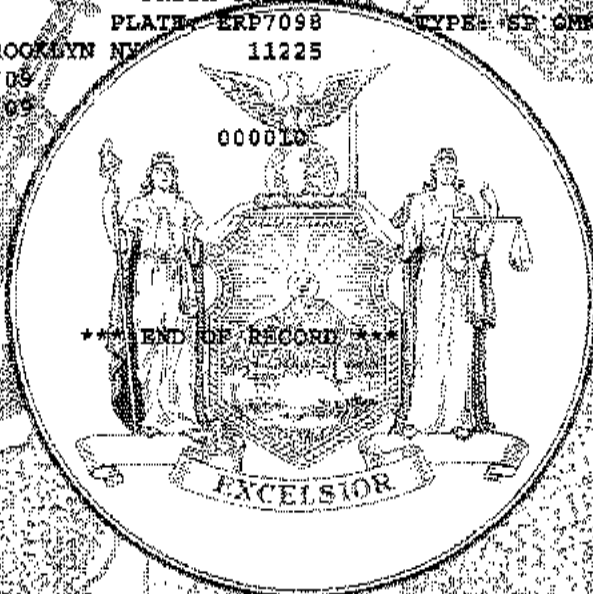
BROOKLYN NY

11225

BATCH DATE: 05/12/09

ORIG DOC ISSUED: 06/09/09

ODOMETER: ACTUAL



This is to certify that this document is a true and complete copy of an electronic record on file in the New York State Department of Motor Vehicles, Albany, New York. The record was made in regular course of New York State Department of Motor Vehicles daily business. It is the business of the New York State Department of Motor Vehicles to create and maintain the records of drivers in the state of New York. Entries in this document are made at the time the recorded transactions or events took place or within a reasonable time thereafter. The person who reports the information is under a business duty to do so accurately.

Barbara J. Lila

MV-82

New York State Department of Motor Vehicles

VEHICLE REGISTRATION/TITLE APPLICATION

This form is also available on DMV's web site - www.nysdmv.com

Batch

File No.

☒ Orig ☐ Activity ☐ Renewal ☐ Lease Buyout
☐ Dup ☐ Activity WRR ☐ Renew WRR ☐ Sales Tax with Title

Old Plate	Old Class	3 of Name	Ins. Co. Code	Exp. Date																
Sec/Max Case Number(s)	New Plate	New Class																		
Special Conditions	AT	SV	CF	CO	CP	ER	EX	FL	GI	IF	MO	NE	PF	NR	NU	OD	OP	OV	PA	
Sales Tax Information	Status	Value (\$)	Jurisdiction	Rate	Out of State	Audit														

Did you issue plates to this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Plate Number	Reg. Class	Date Temp Issued	Facility ID Number	Is there a lienholder? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", enter the information in Dealer Only box below. Alterations are not allowed in the lienholder sections.)
---	--------------	------------	------------------	--------------------	---

INSTRUCTIONS →

COMPLETE BOXES 1, 2, 4, 6 and 7. COMPLETE BOXES 3 AND 5 ONLY IF NECESSARY.

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.

1 WHAT DO YOU WANT TO DO? (See Form MV-82.1, Registering a Vehicle in New York State, for more information.)

☒ REGISTER this vehicle for the first time ☐ TRANSFER Plate Number _____ to this vehicle ☐ CHANGE a title (see box 5)

☐ RENEW plate # _____ ☐ CHANGE registration for Plate Number _____ (see box 5) ☐ TITLE ONLY for a 1973 or newer vehicle

☐ REPLACE lost registration items _____ ☐ LEASE BUY-OUT Plate Number _____

2 CLIENT ID NO. (from Driver License of first registrant listed below)

NAME OF REGISTRANT (Last, First, Middle) GROUP TRAVEL SOLUTION INC

NAME CHANGE? ☐ YES (see box 5) ☐ NO

ADDRESS CHANGE? ☐ YES ☒ NO

Is this registration for a corporation or partnership? ☒ Yes ☐ No

How was the vehicle obtained?
☐ New ☐ Leased New ☒ Used ☐ Leased Used

DATE OF BIRTH: Month _____ Day _____ Year _____ SEX: ☒ M ☐ F DAY PHONE NO. (Optional) Area Code _____

ADDRESS WHERE YOU GET YOUR MAIL (Include Street Number and Name, Rural Delivery and/or box number. This address will appear on the document.)
391 EMPIRE BLVD Apt. No. _____ City or Town BROOKLYN State NY Zip Code 11225 County _____

ADDRESS WHERE YOU LIVE (IF DIFFERENT FROM MAILING ADDRESS, DO NOT GIVE P.O. BOX.)
 Apt. No. _____ City or Town _____ State _____ Zip Code _____ County _____

3 OWNER CLIENT ID NO. (from Driver License)

NAME OF CURRENT OWNER (Last, First, Middle)

DATE OF BIRTH: Month _____ Day _____ Year _____ OWNER'S DAY PHONE NO. (Optional) Area Code _____

ADDRESS WHERE OWNER GETS MAIL (Include Street Number and Name, Rural Delivery and/or box number.)
 Apt. No. _____ City or Town _____ State _____ Zip Code _____ County _____

AUTHORIZATION: The registrant named in box 2 is authorized to register the vehicle described in box 1.

(Owner's/Authorized Signature-Co-owner's Signature if applicable) _____ (Date) _____

4 VEHICLE IDENTIFICATION NUMBER 3NLA B61E 99L6U968

VEHICLE DESCRIPTION: Year 07 Make NISSAN

Body Type For Cars: ☐ 2-Door ☒ 4-Door ☐ Convertible ☐ Station Wagon/Suburban ☐ Other

Body Type For Other Vehicles: ☐ Pick-up ☐ Van ☐ Motorcycle ☐ Tow ☐ Truck ☐ Trailer ☐ Other

Color BLACK Unladen Weight 2886

Type of Power (Fuel): ☒ Gas ☐ Diesel ☐ Electric ☐ Flex ☐ CNG ☐ Propane ☐ None

Cylinders 4 For trailers & commercial vehicles Max. Gross Weight _____ For trailers, buses & taxis Seating Cap. 5

Odometer Reading in Miles 26,937 Vehicle's ODOMETER has room for how many numbers (5, 6 or 7 - do not include tenths)? _____ For trailers & commercial vehicles Axles _____ Distance _____

Lien Filing Code (Assigned by DMV) _____ Lienholder Name and Mailing Address _____

Mileage Brand 9888835 Prior Owner _____ Insurance State NY Title 0 Lien Number _____ Lien Release _____

Printed Name and Ownership REY B20 Approved By _____ Date MAR 9 2011 Sign/Response _____

Reg Title LIVROR MVRER State _____ Operator _____

5

CHANGES

To change information on a current registration and/or title, be sure to enter the new information on page 1 of this form. (See Form MV-82.1, Registering a Vehicle in New York State, for more information.)

NAME CHANGE: Print former name exactly as it appears on the current registration or title.

CHANGES: Describe any vehicle changes and the reasons for the changes.

6

ADDITIONAL VEHICLE INFORMATION — QUESTIONS 1-3 MUST BE COMPLETED.

- I certify that, to the best of my knowledge, this vehicle ☐ has been or ☒ has not been wrecked, destroyed or damaged to such an extent that the total estimate, or actual cost, of parts and labor to rebuild or reconstruct the vehicle to the condition it was in before an accident, and for legal operation on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss. (Checking the "has been" box means the vehicle must have an anti-theft examination before being registered, and that the title issued will have the statement "Rebuilt Salvage" on it.)
- Is this vehicle registered for your own personal use? ☒ Yes ☐ No
If "Yes", go to question 3 below. If "No", check any of the following boxes that apply:
 - ☐ It is a passenger vehicle to be used for hire with a driver and operated in:
 - ☐ New York City ☐ A jurisdiction other than NYC, that regulates taxis ☐ A jurisdiction that does not regulate taxis
 - ☐ It is a passenger vehicle that is rented or leased without a driver.
 - ☐ It requires a commercial operating authority permit:
 - ☐ NYS DOT Permit No. _____ ☐ I.C.C. Permit No. _____ ☐ US DOT Permit No. _____
 - ☐ It is government-owned.
 - ☐ It is used as an ☐ ambulance ☐ ambulance Check this box if: ☐ payment is received to carry passengers
 - ☐ It is a commercial tow truck with a GVWR of at least 8,800 lbs. ☐ It is used as a hearse.
 - ☐ It is used only as a farm vehicle (Form MV-260F, Part 1, must be attached). ☐ It is used only as an agricultural truck.
- Has this vehicle been modified to change its registration class? ☐ Yes ☒ No If "Yes", explain _____
- Is this vehicle a pick-up truck with an unladen weight of 5,000 pounds or less, used exclusively for non-commercial purposes, with no advertising anywhere on it? ☐ Yes ☒ No Do you want? ☐ Passenger Plates ☐ Commercial Plates

7

CERTIFICATION: The information I have given on this application is true to the best of my knowledge. I certify that the vehicle is fully equipped as required by the Vehicle and Traffic Law, and has passed the required New York State inspection within the past 12 months, or has qualified for a time extension (Form VS-1077) and will be inspected within 10 days. I also certify that appropriate insurance coverage is in effect, and that the vehicle will be operated in accordance with the Vehicle and Traffic Law. If I am applying for replacement registration items, I certify that the registration is not currently under suspension or revocation. If I have plates in a series reserved for a special group, I certify that I am still eligible to receive them, and that I have only one set of these plates. If I am using a credit card for payment of any fees in connection with this application, I understand that my signature below also authorizes use of my credit card.

Print Name Here Connie Gray, Sec.
(Print Name in Full. If registering for a corporation, print your full name and title.)

Sign Here C. Gray
(Sign Name in Full)

Print Additional Name Here _____
(Print Name in Full)

Additional Signature Sign Here _____
(Sign Name in Full - Additional signature required for a partnership or if registering this vehicle in more than one name.)

IMPORTANT: Making a false statement in any registration application or in any proof or statements in connection with it, or deceiving or substituting in connection with this application, is a misdemeanor under Section 382 of the Vehicle and Traffic Law, and may also result in the revocation or suspension of the registration pursuant to regulations established by the Commissioner. The Department makes no representation that it will issue a certificate of title or transferable registration until the Commissioner is satisfied that the applicant is entitled to a certificate of title or transferable registration, and until all documentation required to establish ownership of the vehicle is submitted and deemed to be satisfactory. Pending review of this application, neither the Commissioner of the Department of Motor Vehicles nor any of his or her employees, deputies or agents assumes any liability or responsibility for repairs performed, improvements made or work done to the vehicle referenced in this application.

CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT THE APPLICANT:

My signature authorizes _____
to use my credit card for payment of any fees in connection with this application.

Sign Here _____
(Cardholder Sign Name in Full)

To Be Completed by a Registered New York State Dealer Only — List any additional Lienholders

Lienholder Number _____	Lienholder Name _____
Mailing Address _____ (Number and Street)	(City) (State) (Zip Code)
Lienholder Number _____	Lienholder Name _____
Mailing Address _____ (Number and Street)	(City) (State) (Zip Code)

NY DEALER CERTIFICATION: I certify that all information provided on this application is true. I take responsibility for the integrity of the papers delivered to the Motor Vehicles office.

(Signature of Dealer or Authorized Representative)

N527

ADIR PLAZA INC
391 EMPIRE BLVD
BROOKLYN NY 11225

00069.

CERTIFICATE OF TITLE

NEW YORK STATE

www.nysdmv.com

Title and Identification No.

3N1AB61E99L608968
3N1AB61E99L608968

Year

2009

Make

NISSA

Model Code

SEN

Body/Hull

4DSD

* * LIENS * *

Document No.

989993D

Color

BK

Wt/Sts/Lgth

2886

Fuel

GAS

Cyl./Prop.

4

New or Used

NEW

Type of Title

VEHICLE

Date Issued

8/05/09

Name and Address of Owner(s)

ADIR PLAZA INC
391 EMPIRE BLVD
BROOKLYN NY 11225

ODOMETER READING:

00010

ACTUAL MILEAGE

00010

VOID IF ALTERED

VOID IF ALTERED

This document is your proof of ownership for this vehicle, boat or manufactured home. Keep it in a safe place, not with your license or registration or in your vehicle or boat. To dispose of your vehicle, boat or manufactured home, complete the transfer section on the back and give this title to the new owner.

Lienholder

CITICAPITAL
COMMERCIAL CORP
PO BOX 168647
IRVING TX75016

Lienholder

01

* ONE LIEN RECORDED *

Lienholder

* ONE LIEN RECORDED *

Lienholder

* ONE LIEN RECORDED *

MV-999 (4-08)

DEPARTMENT OF MOTOR VEHICLES

ANY CHANGE OR ERASURE WILL VOID THIS TITLE -- ANY FALSE STATEMENT IS A MISDEMEANOR

SECTION I - Transfer by Owner

ODOMETER DISCLOSURE STATEMENT

Note: This vehicle cannot be registered or titled in the name of the new owner unless mileage is disclosed. Federal and State Law require that you state the mileage of the vehicle described on this certificate when transferring ownership. Failure to do so, or providing a false statement, may result in fines and/or imprisonment.

I certify that, to the best of my knowledge, this odometer reading (check one):

- ☒ 1. reflects the ACTUAL MILEAGE as seen on the odometer of the vehicle described on the front.
☐ 2. EXCEEDS MECHANICAL LIMITS (odometer started over at zero)
☐ 3. not the actual mileage. WARNING - ODOMETER DISCREPANCY.

ODOMETER READING

26,937

(no tenths)

ODOMETER HAS SPACE FOR: (Check one)

- ☐ Five Digits, excluding tenths
☐ Six Digits, excluding tenths

DAMAGE DISCLOSURE STATEMENT (To be Completed by Owner Named on Face of Title)

I certify that, to the best of my knowledge, this vehicle ☐ has been or ☐ has not been wrecked, destroyed or damaged to such an extent that the total estimate or actual cost of parts and labor to rebuild or reconstruct the vehicle to the condition it was in before an accident, and for legal operation on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss. (Checking the "has" box means that the vehicle must have an anti-theft examination before being registered and that the title issued will have the statement "Rebuilt Salvage: NY" on it.)

I or we transfer the vehicle, boat or manufactured home described on this certificate. At the time of transfer, this title is subject only to the liens or encumbrances listed on this certificate, if any. I also certify that this is the most recent title issued for this vehicle, boat or manufactured home.

Note: Section 2113 of the Vehicle and Traffic Law requires that application for a title must be made within 30 days of transfer.

Seller	Seller's Signature ADIR PLAZA INC - C. Grey, VP		Seller's Name (Print in Full) ADIR PLAZA INC - CONNIE GREY - VP	
	Street Address 341 EMPIRE BLVD	City BROOKLYN	State NY	ZIP code 11225
Buyer	Buyer's Signature Philippe Namt...		Buyer's Name (Print in Full) GROUP TRAVEL SOLUTION INC - Philippe Namt...	
	Street Address 341 EMPIRE BLVD	City BROOKLYN	State NY	ZIP code 11225

SECTION II - Reassignment by Manufactured Home Dealer or Registered Boat Dealer or Out-of-State Dealer

ODOMETER DISCLOSURE STATEMENT

Note: This vehicle cannot be registered or titled in the name of the new owner unless mileage is disclosed. Federal and State Law require that you state the mileage of the vehicle described on this certificate when transferring ownership. Failure to do so, or providing a false statement, may result in fines and/or imprisonment.

I certify that, to the best of my knowledge, this odometer reading (check one):

- ☐ 1. reflects the ACTUAL MILEAGE of the vehicle described on the front.
☐ 2. EXCEEDS MECHANICAL LIMITS (odometer started over at zero)
☐ 3. not the actual mileage. WARNING ODOMETER DISCREPANCY.

ODOMETER READING

(no tenths)

ODOMETER HAS SPACE FOR: (Check one)

- ☐ Five Digits, excluding tenths
☐ Six Digits, excluding tenths

I or we transfer the vehicle, boat or manufactured home described on this certificate. At the time of transfer, this title is subject only to the liens or encumbrances listed on this certificate, if any. I also certify that this is the most recent title issued for this vehicle, boat or manufactured home.

Note: Section 2113 of the Vehicle and Traffic Law requires that application for a title must be made within 30 days of transfer.

Seller	Seller's Signature		Seller's Name (Print in Full)	
	Street Address	City	State	ZIP code
Buyer	Buyer's Signature		Buyer's Name (Print in Full)	
	Street Address	City	State	ZIP code

CONTROL NUMBER

Boat Dealer's
 Part 19.2

NEW YORK STATE INSURANCE IDENTIFICATION CARD

111 Empire Fire & Marine Insurance Co.

Policy Number
SG294349THIS ID CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMAND

Name & Address of Issuer: **Williams and Stazzone Insurance Agency**
99 N Atlantic Ave
Cocoa Beach FL 32931

Effective Date: **03/23/2011**
 12:01 a.m.
 (Not acceptable to obtain registration after 45 days from effective date.)

Expiration Date: **10/01/2011**
 12:01 a.m.

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

GROUP;TRAVEL
SOLUTION;INC
391 EMPIRE BLVD
BROOKLYN NY 11225

Applicable with respect to the following Motor Vehicle:

2009	NISSA
Year	Make
3N1AB61E99L608968	
Vehicle Identification Number	

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION:
 DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FS-28

NEW YORK STATE INSURANCE IDENTIFICATION CARD

111 Empire Fire & Marine Insurance Co.

Policy Number
SG294349THIS ID CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMAND

Name & Address of Issuer: **Williams and Stazzone Insurance Agency**
99 N Atlantic Ave
Cocoa Beach FL 32931

Effective Date: **03/23/2011**
 12:01 a.m.
 (Not acceptable to obtain registration after 45 days from effective date.)

Expiration Date: **10/01/2011**
 12:01 a.m.

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

GROUP;TRAVEL
SOLUTION;INC
391 EMPIRE BLVD
BROOKLYN NY 11225

Applicable with respect to the following Motor Vehicle:

2009	NISSA
Year	Make
3N1AB61E99L608968	
Vehicle Identification Number	

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION:
 DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FS-28

FAX: Scannable Bar Code

FAX INSTRUCTIONS:

1. The entire page must be faxed.
2. If submitted to DMV, either the entire page or the second ID card and large scannable bar code will be retained.
3. A faxed ID card must be replaced with a scannable ID card within 14 days of the effective date.
4. DMV will not accept a faxed ID card without a scannable barcode.

Keep this document to show to the police and courts.

NEW YORK STATE REGISTRATION DOCUMENT

G PAS
PCX2365
2011 CADII. NONTRANSFERABLE
SUBN BK 1GYS4HEF4BR101012
5912 G 8 I1897607 AUG 31 2010
WEB WEBCDA

GROUP TRAVEL
SOLUTION INC
391 EMPIRE BLVD
BROOKLYN NY 11225
414685CE
09/30/12
NYMA
57.50
ANNUAL CHG
AMT PAID (INCL ADD CHG)
195.00



1 22822

New York State Department of Motor Vehicles

00750

080509

NOTICE OF RECORDED LIEN

I.D. Number
3N1AB61E99L608968Year
2009Make
NISSA2886
Wgt./Lgth.GAS
Fuel4
Cyl/Prop.40SD
Body/Hull.BK
ColorCITICAPITAL
COMMERCIAL CORP
PO BOX 168647
IRVING

TX 75016

Owner: If you have moved and have not yet notified this Department of your new address, cross out the address shown and print your new address in its place.

OWNER

ADIR PLAZA INC
391 EMPIRE BLVD
BROOKLYN NY 11225

ADDITIONAL LIENHOLDERS

The following information applies only to the lienholder shown in the box above:

- ☒ Our security interest in the vehicle, boat or manufactured home described in this notice has been satisfied.
- ☐ We have assumed ownership of this vehicle, boat or manufactured home. We are transferring ownership to:
- ☐ We have assigned our security interest in this vehicle, boat or manufactured home to:

Lien Filing Code

Name

Date of Assignment

No. and Street

City

State

Zip

Authorized Signature

Date

CITICAPITAL COMMERCIAL CORP

If you are the owner named on this notice, you can keep this notice with the Certificate of Title and when you sell the vehicle, boat or manufactured home, give the transferred Title AND this notice to the new owner. To obtain a lien-free Title before then, return your current Title, this lien notice and a \$20.00 fee to the DMV, Title Bureau, 6 Empire State Plaza, Albany NY 12228-0330. (Check or money order should be made payable to the Commissioner of Motor Vehicles.)

If you cannot locate the Title for the vehicle, boat or manufactured home, you must apply for a duplicate. You may apply for a duplicate by completing Form MV-902 (available at a DMV office or on our web site at www.nysdmv.com) and mailing it with a \$20.00 check or money order AND this lien notice to the DMV, Title Bureau at the above address.

If your address has not changed since you last registered the vehicle and your registration shows your current address, you may be able to apply for a duplicate title on line. For more information, please visit our web site listed above.


FM036456

AUTO

NONTRANSFERABLE

10701100A4 FM036456 PAT 60.00
FCX2365GROUP TRAVEL
SOLUTION INC*NYMA*
NYS Photo Driver License

RAC 20110701094800

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES		INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE	
111 Empire Fire & Marine Insurance Co.		Policy Number	
Name & Address of Issuer Williams and Stazzone Insurance Agency 88 N Atlantic Ave Cocoa Beach FL 32931		SF450119	
An authorized NEW YORK insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:		Effective Date	Expiration Date
		06/15/2011	10/01/2011
		12:01 a.m.	12:01 a.m.
		(Not acceptable to obtain registration after 45 days from effective date.)	
		Applicable with respect to the following Motor Vehicle:	
GROUP TRAVEL SOLUTION INC 391 EMPIRE BLVD BROOKLYN NY 11225		2011	CHEVR
		Year	Make
		1GBWGLCG1B1130158	9
		Vehicle Identification Number	Seats
		<p>THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND</p> <p>WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of Insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.</p> <p>The name of the registrant and the name of the insured must coincide.</p> <p>REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.</p>	

FH-1

AUTO TLR 1 NONTRANSFERABLE

1033010B19 FK744913 CAK 202.25
*PHY6654

GROUP TRAVEL
SOLUTION INC

NYMA
Corp/Govt reg transaction

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES, Empire State Plaza, Albany, New York 12278

ABSTRACT OF TITLE RECORD

Document # TWEB0015

PRINT DATE: 09/09/2013 TIME: 15:08:24 OPERATOR: WEB OFFICE: GAB

VIN#: 1GBGG29K291127810

09 CHEVR BLACK SUBV WGT: 005800

ODOMETER: 101270 ACTUAL

FUEL: GAS CYL: 03

CURRENT OWNER

CHARLIES; TRAVEL; INC

3427 148TH ST

FLUSHING NY

11354

PLATE: FWG1070 TYPE: PASSENGER

BATCH DATE: 04/27/12

ORIG DOC ISSUED: 05/18/12

LAST DOC ISSUED: 05/18/12

***** PRIOR OWNERS *****

GROUP; TRAVEL

SOLUTION; INC

391 EMPIRE BLVD

BROOKLYN NY

11225

BATCH DATE: 11/30/11

ORIG DOC ISSUED: 12/21/11

ODOMETER: ACTUAL

PLATE: FPT2863

TYPE: SP OMNIBUS

091943

***** PRIOR OWNERS *****

ADIR; PLAZA; INC

PLATE: ENA1188

TYPE: SP OMNIBUS

391 EMPIRE BLVD

BROOKLYN NY

11225

BATCH DATE: 11/26/08

ORIG DOC ISSUED: 12/24/08

ODOMETER: ACTUAL

088008

*** END OF RECORD ***

This is to certify that this document is a true and complete copy of an electronic record on file in the New York State Department of Motor Vehicles, Albany, New York. The record was made in regular course of New York State Department of Motor Vehicles daily business. It is the business of the New York State Department of Motor Vehicles to create and maintain the records of drivers in the state of New York. Entries in this document are made at the time the recorded transactions or events took place or within a reasonable time thereafter. The person who reports the information is under a business duty to do so accurately.

Barbara J. Lila

MV-82

New York State Department of Motor Vehicles



VEHICLE REGISTRATION/TITLE APPLICATION

This form is also available on DMV's web site - www.dmv.ny.gov

OFFICE USE ONLY	Old Plate	Old Class	3 of Name	Mr. Co. Code	Exp. Date
	Scottlaw Cars Number(s)	New Plate	New Class		
	Special Conditions	AT EV CF CO CP EX FL GH IF MO NE NF NR NU OD OF OV PA			
	Sales Tax Information	Value (\$)	Jurisdiction	Rate	Out of State

NY DEALER ONLY: Did you issue plates to this vehicle? ☐ Yes ☐ No. Plate Number: Reg. Class: Date Temp Issued: Facility ID Number: Is there a lienholder? ☐ Yes ☐ No. If "Yes", enter the information in Dealer Only box below.

INSTRUCTIONS → COMPLETE BOXES 1, 2, 4, 5 and 7. COMPLETE BOXES 3 AND 6 ONLY IF NECESSARY. PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.

1 WHAT DO YOU WANT TO DO? (See Form MV-82.1, Registering a Vehicle in New York State, for more information.)

☒ REGISTER this vehicle for the first time ☐ CHANGE a title (see box 6) ☐ TITLE ONLY for a 1973 or newer vehicle

For the following options, please enter PLATE NUMBER:

☐ RENEW Registration ☐ CHANGE Registration (see box 5) ☐ REPLACE lost registration items ☐ TRANSFER Plate Number to this Vehicle ☐ LEASE BUY-OUT

2 NAME OF PRIMARY REGISTRANT (Last, First, Middle)
GROUP TRAVEL SOLUTION INC

NAME OF CO-REGISTRANT (Last, First, Middle)
[Blank]

DAY PHONE NO. (Optional)
Area Code: [Blank]

NAME CHANGE? ☐ YES (see box 3) ☒ NO **ADDRESS CHANGE?** ☐ YES ☒ NO

Is this registration for a corporation or partnership? ☒ Yes ☐ No **How was the vehicle obtained?** ☐ New ☐ Leased New ☒ Used ☐ Leased Used

PRIMARY REGISTRANT ADDRESS WHERE YOU GET YOUR MAIL (Include Street Number and Name, Rural Delivery and/or box number. This address will appear on the document.)
391 EMPIRE BLVD Apt. No. City or Town State Zip Code County of Residence
Brooklyn N Y 11225 KINGS

PRIMARY REGISTRANT ADDRESS WHERE YOU LIVE (If different from mailing address, do not give P.O. box.)
7877 OMS Apt. No. City or Town State Zip Code

3 OWNER CLIENT ID NO. (from Driver License)
[Blank]

NAME OF CURRENT OWNER (Last, First, Middle)
[Blank]

DATE OF BIRTH
Month Day Year

OWNER'S DAY PHONE NO. (Optional)
Area Code: [Blank]

ADDRESS WHERE OWNER GETS MAIL (Include Street Number and Name, Rural Delivery and/or box number.)
Apt. No. City or Town State Zip Code County

AUTHORIZATION: The registrant named in box 2 is authorized to register the vehicle described in box 4.

(Owner's/Authorized Signature-Co-owner's Signature if applicable) (Date)

4 VEHICLE IDENTIFICATION NUMBER
1GBGG29K291127810

VEHICLE DESCRIPTION
Year Make
2009 CHEVROLET

Body Type For Cars
☐ 2-Door ☐ 4-Door ☐ Convertible ☐ Station Wagon ☐ Suburban ☐ Other

Body Type For Other Vehicles
☐ Pickup ☒ Van ☐ Motorcycle ☐ Tow ☐ Trailer ☐ Other

Color BLACK **Unladen Weight** 5800

Type of Power (Fuel)
☒ Gas ☐ Diesel ☐ Electric ☐ Flex ☐ CNG ☐ Propane ☐ None

Cylinders 8 **For trailers & commercial vehicles Max. Gross Weight** 9 **Seating Capacity** 9 **Odometer Reading in Miles** 91943

Vehicle's ODOMETER has 100m for how many numbers (5, 6 or 7 - do not include 100ths)? **For commercial vehicles Miles Distance**

NY DEALER ONLY Lien Filing Code (Assigned by DMV) Lienholder Name and Mailing Address

OFFICE USE ONLY Miles per Gallon Prior Owner 64.1253 Title Insurance Date 1/10/14 Lien Number 901.803 State NY Approved By Date NOV 10 2011

ONLY Reg/Title Fee Operator

5 CHANGES - To change information on a current registration and/or title, be sure to enter the new information on page 1 of this form. (See Form MV-82.1, Registering a Vehicle in New York State, for more information.)

NAME CHANGE: Print former name exactly as it appears on the current registration or title.

CHANGES: Describe any vehicle changes and the reasons for the changes.

6 ADDITIONAL VEHICLE INFORMATION — **QUESTIONS 1-3 MUST BE COMPLETED.**

1. I certify that, to the best of my knowledge, this vehicle ☐ has been or ☒ has not been wrecked, destroyed or damaged to such an extent that the total estimate, or actual cost, of parts and labor to rebuild or reconstruct the vehicle to the condition it was in before an accident, and for legal operation on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss. (Checking the "has been" box means the vehicle must have an anti-theft examination before being registered, and that the title issued will have the statement "Rebuilt Salvage" on it.)

2. Is this vehicle registered for your own personal use? ☐ Yes ☒ No
If "Yes", go to question 3 below. If "No", check any of the following boxes that apply:

☐ It is a passenger vehicle to be used for hire with a driver and operated in:
☐ New York City ☐ A jurisdiction other than NYC, that regulates taxis ☐ A jurisdiction that does not regulate taxis

☒ It is a passenger vehicle that is rented without a driver.

☐ It requires a commercial operating authority permit:
☐ NYS DOT Permit No. _____ ☐ I.C.C. Permit No. _____ ☐ US DOT Permit No. _____

☐ It is government-owned.

☐ It is used as an ☐ ambulance ☐ ambulance ☐ hearse/invalid coach Check this box if: ☐ payment is received to carry passengers

☐ It is used exclusively as a hearse Check this box if: ☐ payment is received to carry passengers

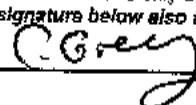
☐ It is a commercial tow truck with a GVWR of at least 8,600 lbs.

☐ It is used only as a farm vehicle (Form MV-260F, Part 1, must be attached). ☐ It is used only as an agricultural truck.

3. Has this vehicle been modified to change its registration class? ☐ Yes ☒ No If "Yes", explain _____

4. This vehicle is a pick-up truck with an unladen weight of 5,500 pounds or less, used exclusively for non-commercial purposes, with no advertising anywhere on it, and you want? ☐ Passenger Plates ☐ Commercial Plates

7 CERTIFICATION: The information I have given on this application is true to the best of my knowledge. I certify that the vehicle is fully equipped as required by the Vehicle and Traffic Law, and has passed the required New York State inspection within the past 12 months, or has qualified for a time extension (Form VS-1077) and will be inspected within 10 days. I also certify that appropriate insurance coverage is in effect, and that the vehicle will be operated in accordance with the Vehicle and Traffic Law. If I am applying for replacement registration items, I certify that the registration is not currently under suspension or revocation. If I have plates in a series reserved for a special group, I certify that I am still eligible to receive them, and that I have only one set of these plates. If I am using a credit card for payment of any fees in connection with this application, I understand that my signature below also authorizes use of my credit card.

Print Name Here **CONNIE GREY SECT** Sign Here 
(Print Name in Full - If registering for a corporation, print your full name and title) (Sign Here)

Print Additional Name Here _____ Additional Signature Sign Here _____
(Print Name in Full) (Sign Here - Additional signature required for a partnership or if registering this vehicle in more than one name.)

IMPORTANT: Making a false statement in any registration application or in any proof or statements in connection with it, or deceiving or subverting in connection with this application, is a misdemeanor under Section 392 of the Vehicle and Traffic Law, and may also result in the revocation or suspension of the registration pursuant to regulations established by the Commissioner. The Department makes no representation that it will issue a certificate of title or transferable registration until the Commissioner is satisfied that the applicant is entitled to a certificate of title or transferable registration, and until all documentation required to establish ownership of the vehicle is submitted and deemed to be satisfactory. Pending review of this application, neither the Commissioner of the Department of Motor Vehicles nor any of his or her employees, deputies or agents assumes any liability or responsibility for repairs performed, improvements made or work done to the vehicle referenced in this application.

CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT THE APPLICANT:
My signature authorizes _____ Sign Here _____
to use my credit card for payment of fees in connection with this application, and I understand that I must be present for this transaction. (Cardholder Sign Name in Full)

To Be Completed by a Registered New York State Dealer Only -- List any additional Lienholders

Lien Filing Code (Assigned by DMV)	Lienholder Name
Mailing Address (Number and Street)	(City) (State) (Zip Code)
Lien Filing Code (Assigned by DMV)	Lienholder Name
Mailing Address (Number and Street)	(City) (State) (Zip Code)

NY DEALER CERTIFICATION: I certify that all information provided on this application is true. I take responsibility for the integrity of the papers delivered to the Motor Vehicles office.

Signature of Dealer or Authorized Representative: _____

p9LVI

ADIR PLAZA INC
391 EMPIRE BLVD
BROOKLYN NY 11225

000234

CERTIFICATE OF TITLE

NEW YORK STATE

www.nysdmv.com



Title and Identification No.

1GBGG29K291127810
1GBGG29K291127810

Year

2009

Make

CHEVR

Model Code

EXP

Body/Hull

SUBN

* * LIENS * *

Document No.

5412531

Color

BK

Wt./Sts./Lgh.

5800

Fuel

GAS

Cyl./Prop.

8

New or Used

NEW

Type of Title

VEHICLE

Date Issued

12/24/08

Name and Address of Owner(s)

ADIR PLAZA INC
391 EMPIRE BLVD
BROOKLYN NY 11225

ODOMETER READING:

00008

ACTUAL MILEAGE

00008

This document is your proof of ownership for this vehicle, boat or manufactured home. Keep it in a safe place, not with your license or registration or in your vehicle or boat. To dispose of your vehicle, boat or manufactured home, complete the transfer section on the back and give this title to the new owner.

Lienholder

CITICAPITAL
COMMERCIAL CORP
PO BOX 168647
IRVING TX75016

Lienholder

* ONE LIEN RECORDED *

Lienholder

* ONE LIEN RECORDED *

Lienholder

* ONE LIEN RECORDED *

MV-999 (4-08)

DEPARTMENT OF MOTOR VEHICLES

VOID IF ALTERED

VOID IF ALTERED

ANY CHANGE OR ERASURE WILL VOID THIS TITLE -- ANY FALSE STATEMENT IS A MISDEMEANOR

SECTION I - Transfer by Owner

ODOMETER DISCLOSURE STATEMENT

Note: This vehicle cannot be registered or titled in the name of the new owner unless mileage is disclosed.

Federal and State Law require that you state the mileage of the vehicle described on this certificate when transferring ownership. Failure to do so, or providing a false statement, may result in fines and/or imprisonment.

I certify that, to the best of my knowledge, this odometer reading (check one):

- ☒ 1. reflects the ACTUAL MILEAGE as seen on the odometer of the vehicle described on the front.
☐ 2. EXCEEDS MECHANICAL LIMITS (odometer started over at zero)
☐ 3. not the actual mileage. WARNING - ODOMETER DISCREPANCY.

ODOMETER READING

91943

(no tenths)

ODOMETER HAS SPACE FOR: (Check one)

- ☐ Five Digits, excluding tenths
☐ Six Digits, excluding tenths

DAMAGE DISCLOSURE STATEMENT (To be Completed by Owner Named on Face of Title)

I certify that, to the best of my knowledge, this vehicle ☐ has been or ☒ has not been wrecked, destroyed or damaged to such an extent that the total estimate or actual cost of parts and labor to rebuild or reconstruct the vehicle to the condition it was in before an accident, and for legal operation on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss. (Checking the "has" box means that the vehicle must have an anti-theft examination before being registered and that the title issued will have the statement "Rebuilt Salvage: NY" on it.)

I or we transfer the vehicle, boat or manufactured home described on this certificate. At the time of transfer, this title is subject only to the liens or encumbrances listed on this certificate, if any. I also certify that this is the most recent title issued for this vehicle, boat or manufactured home.

Note: Section 2113 of the Vehicle and Traffic Law requires that application for a title must be made within 30 days of transfer.

Seller	Seller's Signature	Seller's Name (Print in Full)			Date of Statement
	Street Address	City	State	ZIP code	
Buyer	Buyer's Signature	Buyer's Name (Print in Full)			Date of Statement
	Street Address	City	State	ZIP code	

SECTION II - Reassignment by Manufactured Home Dealer or Registered Boat Dealer or Out-of-State Dealer

ODOMETER DISCLOSURE STATEMENT

Note: This vehicle cannot be registered or titled in the name of the new owner unless mileage is disclosed.

Federal and State Law require that you state the mileage of the vehicle described on this certificate when transferring ownership. Failure to do so, or providing a false statement, may result in fines and/or imprisonment.

I certify that, to the best of my knowledge, this odometer reading (check one):

- ☐ 1. reflects the ACTUAL MILEAGE of the vehicle described on the front.
☐ 2. EXCEEDS MECHANICAL LIMITS (odometer started over at zero)
☐ 3. not the actual mileage. WARNING ODOMETER DISCREPANCY.

ODOMETER READING

(no tenths)

ODOMETER HAS SPACE FOR: (Check one)

- ☐ Five Digits, excluding tenths
☐ Six Digits, excluding tenths

I or we transfer the vehicle, boat or manufactured home described on this certificate. At the time of transfer, this title is subject only to the liens or encumbrances listed on this certificate, if any. I also certify that this is the most recent title issued for this vehicle, boat or manufactured home.

Note: Section 2113 of the Vehicle and Traffic Law requires that application for a title must be made within 30 days of transfer.

Seller	Seller's Signature	Seller's Name (Print in Full)			Date of Statement
	Street Address	City	State	ZIP code	
Buyer	Buyer's Signature	Buyer's Name (Print in Full)			Date of Statement
	Street Address	City	State	ZIP code	

CONTROL NUMBER

1 22822

New York State Department of Motor Vehicles

00333

122408

NOTICE OF RECORDED LIENI.D. Number
1GBGG29K291127810Year
2009Make
CHEVRCITICAPITAL
COMMERCIAL CORP
PO BOX 168647
IRVING TX 750165800
Wgt./Lgth.GAS
Fuel8
Cyl/Prop.SUBN
Body/Full.BK
Color

Owner: If you have moved and have not yet notified this Department of your new address, cross out the address shown and print your new address in its place.

OWNERADIR PLAZA INC
391 EMPIRE BLVD
BROOKLYN NY 11225**ADDITIONAL LIENHOLDERS**

The following information applies only to the lienholder shown in the box above.

- ☒ Our security interest in the vehicle, boat or manufactured home described in this notice has been satisfied.
- ☐ We have assumed ownership of this vehicle, boat or manufactured home. We are transferring ownership to:
- ☐ We have assigned our security interest in this vehicle, boat or manufactured home to:

Lien Filing Code

Name

Date of Assignment

No. and Street

City

State

Zip

Authorized Signature

Date

If you are the owner named on this notice, you can keep this notice with the Certificate of Title and when you sell the vehicle, boat or manufactured home, give the transferred Title AND this notice to the new owner. To obtain a lien-free Title before then, return your current Title, this lien notice and a \$20.00 fee to the DMV, Title Bureau, 6 Empire State Plaza, Albany NY 12228-0330. (Check or money order should be made payable to the Commissioner of Motor Vehicles.)

If you cannot locate the Title for the vehicle, boat or manufactured home, you must apply for a duplicate. You may apply for a duplicate by completing Form MV-902 (available at a DMV office or on our web site at www.nysdmv.com) and mailing it with a \$20.00 check or money order AND this lien notice to the DMV, Title Bureau at the above address.

If your address has not changed since you last registered the vehicle and your registration shows your current address, you may be able to apply for a duplicate title on line. For more information, please visit our web site listed above.

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE

111 Empire Fire & Marine Insurance Co.

Policy Number

Name & Address of Issuer Williams and Stazzone Insurance Agency

SF450360

99 N Atlantic Ave
Cocoa Beach FL 32931

Effective Date

Expiration Date

11/23/2011

10/01/2012

12:01 a.m.

12:01 a.m.

(Not acceptable to obtain registration
after 45 days from effective date.)An authorized NEW YORK insurer certifies that it has issued
a liability policy complying with Section 370 of the NEW YORK
Vehicle and Traffic Law to:

Applicable with respect to the following Motor Vehicle:

GROUP; TRAVEL
SOLUTION; INC
391 EMPIRE BLVD
BROOKLYN NY 11225

2009

CHEVR

Year

Make

1GBGG29K291127810

9

Vehicle Identification Number

Seats

THIS ID CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMANDWARNING: Any person who issues
or produces an ID card knowing that
an Owner's Policy of Insurance is not in
effect may be committing a misdemeanor.
In addition, a person who presents
an ID card if insurance is not in
effect may be committing a
misdemeanor.The name of the registrant and the
name of the insured must coincide.REPLACEMENT VEHICLE NOTATION:
DMV WILL ONLY PROCESS A VEHICLE
CHANGE (RE-REGISTRATION) USING
THE REPLACED VEHICLE'S CURRENT
REGISTRATION.

FH-1

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE

111 Empire Fire & Marine Insurance Co.

Policy Number

Name & Address of Issuer Williams and Stazzone Insurance Agency

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FH-1

FAX: Scannable Bar Code

FAX INSTRUCTIONS:

1. The entire page must be faxed.
2. If submitted to DMV, either the entire page or the second ID card and large scannable bar code will be retained
3. A faxed ID card must be replaced with a scannable ID card within 14 days of the effective date.
4. DMV will not accept a faxed ID card without a scannable barcode

AUTO TLR 1 NONTRANSFERABLE

1113010B19 FP172653 CAK 172.25
*FPT2863

GROUP TRAVEL
SOLUTION INC
FH

NYMA

Corp/Govt reg transaction

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES, Empire State Plaza, Albany, New York 12226

ABSTRACT OF THE RECORD

Document # TWEE0022

PRINT DATE: 09/10/2013 TIME: 14:25:26 OPERATOR: MBE OFFICE: DAB

VIN#: WDWEE04538E330773

08 DODGE WHITE SUBV WGT: 005801

ODOMETER: 033968 ACTUAL

FUEL: DISSER CYL: 06

CURRENT OWNER

GROUP: TRAVEL

SOLUTION: INC

391 EMPIRE BLVD

BROOKLYN NY

11225

PLATE: FCN1202 TYPE: SP OMNIBUS

BATCH DATE: 05/14/10

ORIG DOC ISSUED: 06/04/10

LAST DOC ISSUED: 06/04/10

***** PRIOR OWNERS *****

IMAGE; RENT; A; CAR; INC

PLATE: EMC9612

TYPE: SP OMNIBUS

391 EMPIRE BLVD

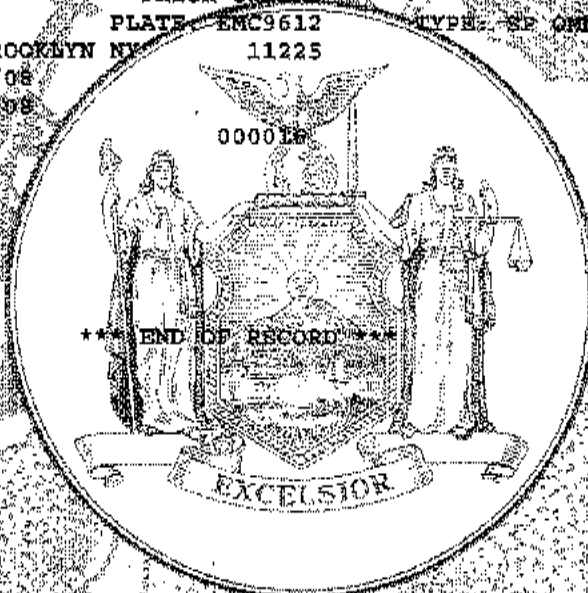
BROOKLYN NY

11225

BATCH DATE: 10/13/08

ORIG DOC ISSUED: 11/10/08

ODOMETER: ACTUAL



This is to certify that this document is a true and complete copy of an electronic record on file in the New York State Department of Motor Vehicles, Albany, New York. The record was made in regular course of New York State Department of Motor Vehicles daily business. It is the business of the New York State Department of Motor Vehicles to create and maintain the records of drivers in the state of New York. Entries in this document are made at the time the recorded transactions or events took place or within a reasonable time thereafter. The person who reports the information is under a business duty to report accurately.

Barbara J. Lila

MV-82

New York State Department of Motor Vehicles

VEHICLE REGISTRATION/TITLE APPLICATION

This form is also available as DMV's web site - www.nydmv.com

REGISTRATION ☒ TITLE ☒ BOTH ☐
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PAGE 1 OF 2

[illegible]

N. Y. S. DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

ALBANY, NY 12231-0001

FILING RECEIPT

ENTITY NAME : GROUP TRAVEL SOLUTION INC.

DOCUMENT TYPE : ASSUMED NAME CERTIFICATE

FILER:

FILED: 05/04/2010
CASH#: 336803
FILM#: 20100564013

DAVID LAPSKER
719 EASTERN PARKWAY
STE. #3
BROOKLYN NY 11213

PRINCIPAL LOCATION

719 EASTERN PARKWAY
SUITE 3
BROOKLYN
NY 11213

COMMENT:

ASSUMED NAME

IMAGE RENT A CAR



SERVICE COMPANY : SERVICE

DATE: 05/04/2010
CASH: 336803
FILM: 20100564013

FEE: 160.00
FILING : 25.00
CORPORATE : 100.00
COPIES : 10.00
MISC : 00
HANDLE : 25.00

PAYMENTS: 160.00
CASH :
CHECK : 160.00
C CARD :

REFUND :

36623

EO3HD104

DOB-281 (04/2007)

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES
INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE
 111 Empire Fire & Marine Insurance Co.
 Name & Address of Insurer: 111 Empire Fire & Marine Insurance Co.
 99 N. Broadway Ave.
 Coconut Beach FL 32909

Policy Number: 5222728

Effective Date: 03/12/2013
 Expiration Date: 03/12/2014
 12:01 a.m. to 12:01 a.m.
 One year period from inception of policy
 (or 12 months from date of last renewal)

Applicable with respect to the following Motor Vehicle:
 Year: 2013
 Make: KIA
 Model: NISSAN
 Vehicle Identification Number: KNDJN224223001712

REGISTRATION: 284
 EXPIRATION: 03/12/2014
 284
 BROOKLYN NY 11225

THIS IS A COPY OF THE ORIGINAL
 IN THE INSURANCE POLICY FOR
 PRODUCTION UPON DEMAND

WARNING: Any person who issues
 or produces a copy of this policy
 without the policyholder's written
 consent may be committing a violation
 of the law. It is the policyholder's
 duty to keep this policy in a safe
 place and to produce it when
 requested to do so.

The terms of the policy and the
 names of the insured and the
 insured vehicle are printed on the
 reverse side of this certificate.

REPLACEMENT VEHICLE INFORMATION:
 ONLY IF THE VEHICLE IS REPLACED
 CHANGES TO THE POLICY WILL BE
 MADE. THE NEW VEHICLE MUST BE
 REGISTERED IN THE STATE OF NEW YORK.

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES
INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE
 111 Empire Fire & Marine Insurance Co.
 Name & Address of Insurer: 111 Empire Fire & Marine Insurance Co.
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 must send a copy of the policy to the insured.
3. A faxed copy must be submitted with a copy of the policy
 to the insured within 14 days of the effective date.
4. DMV will not accept a faxed ID card without a
 scannable bar code.

Keep this document to show to the police and courts.

NEW YORK STATE REGISTRATION DOCUMENT

PAS

FXN699

2005 FORD

4060 EL

002750 G 4 FF231558 MAY 07 2010

GROUP TRADER

SOLDIER INC

221 BREWER BLVD

BROOKLYN

NY 11225

EXP 05/31/12

NYMA

21.75

200.00

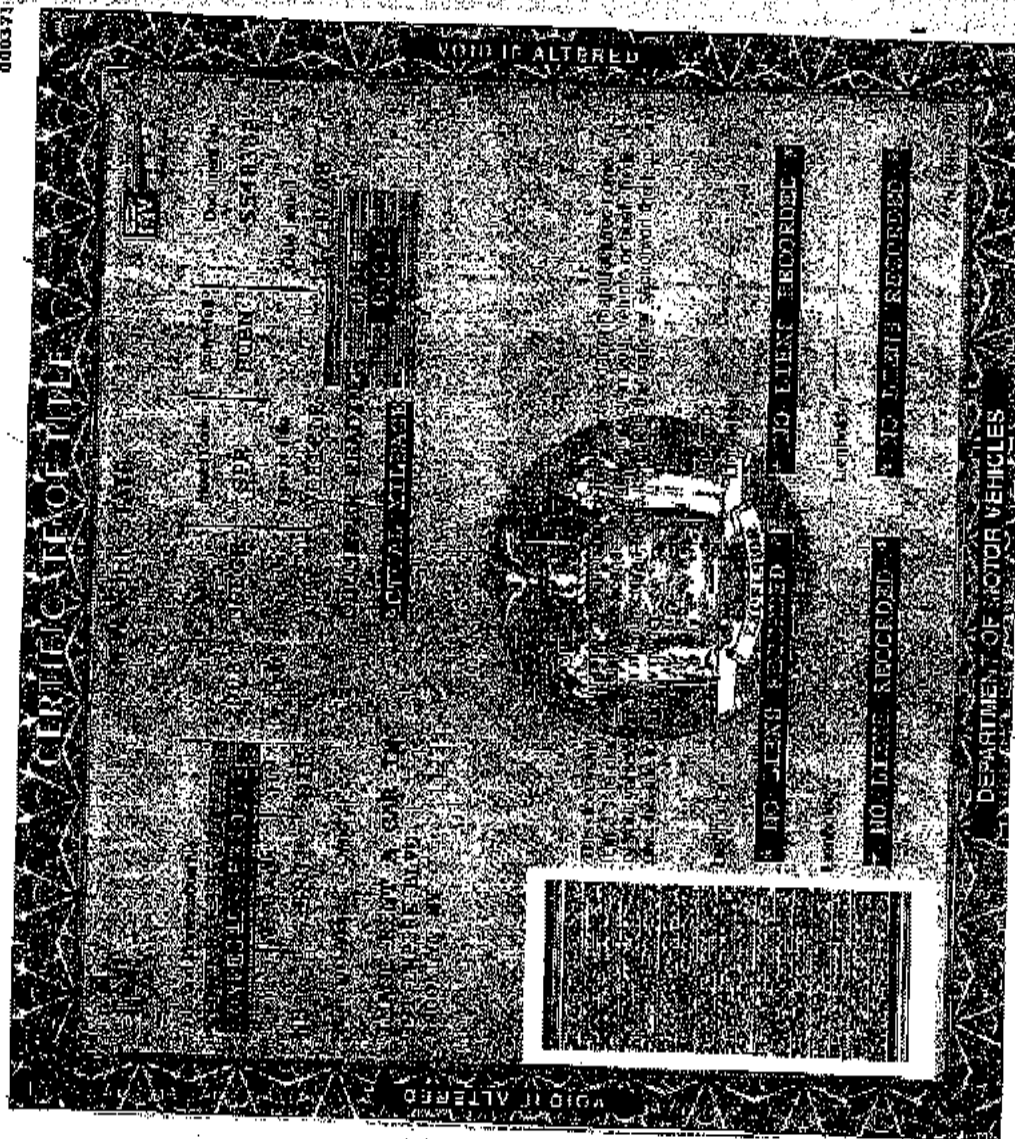
FF233658

NEW YORK STATE REGISTRATION



IMAGE RENT A CAR INC.
591 EMPIRE BLVD
BROOKLYN NY 11225

000371



FF092750

AUTO

NONTRANSFERABLE

0051410819 FF092750 CAR 143.50
*PCW1232

GROUP TRAVEL
SOLUTION INC
FH

Corp/Govt reg transaction

FOR 20100514092213

